

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 10:38AM
Reported : 26/Oct/2024 01:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|-------------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.60 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 6.27 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 71 | fL | 83-101 | Calculated |
| MCH | 22.1 | pg | 27-32 | Calculated |
| MCHC | 31.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 16.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,600 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 68 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 28 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 02 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3128 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1288 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 92 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 92 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.43 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 286000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 06 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |
| RBC NORMOCYTIC NORMOCHROMIC,ANISOCYTOSIS + WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN | | | | |

Page 1 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240241799



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 10:38AM
Reported : 26/Oct/2024 01:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240241799



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 10:38AM
 Reported : 26/Oct/2024 01:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:BED240241799



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 10:11AM
 Reported : 26/Oct/2024 01:47PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 96 | 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.



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:PLF02210524



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 12:13PM
 Received : 26/Oct/2024 01:47PM
 Reported : 26/Oct/2024 01:54PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 114 | 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. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:PLP1487541



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:07PM
Reported : 26/Oct/2024 04:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

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

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

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

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240093450



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 219 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 104 | mg/dL | <150 | |
| HDL CHOLESTEROL | 44 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 175 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 154.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.98 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.01 | | <0.11 | Calculated |

Comment:

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

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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 11:26AM
Reported : 26/Oct/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-------------------|
| 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) | 30 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.7 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 64.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.67 | | 0.9-2.0 | Calculated |

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

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

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

Page 8 of 15



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04839267



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 11:26AM
Reported : 26/Oct/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04839267




Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.74 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 35.74 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 16.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.20 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.10 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 4.40 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 135 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.67 | | 0.9-2.0 | Calculated |



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|------|--------------------|---------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i> | 38.00 | U/L | 16-73 | Glycylglycine Kinetic method |



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267



| | |
|--|--|
| Patient Name : Mr.BHUSHAN MURLIDHAR BAND | Collected : 26/Oct/2024 08:57AM |
| Age/Gender : 38 Y 5 M 27 D/M | Received : 26/Oct/2024 02:09PM |
| UHID/MR No : SCHE.0000088981 | Reported : 26/Oct/2024 03:38PM |
| Visit ID : SCHEOPV107354 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36375 | |

DEPARTMENT OF IMMUNOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.27 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 13.24 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.882 | 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 |

Page 12 of 15



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



SIN No:SPL24144861

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 02:09PM
 Reported : 26/Oct/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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



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

SIN No:SPL24144861



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 02:24PM
 Reported : 26/Oct/2024 05:19PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.020 | | 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 | Modifed 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 | 0-1 | /hpf | <10 | Microscopy |
| RBC | ABSENT | /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.

*** End Of Report ***

Page 14 of 15



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:UR2417884



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
 Deonar, Chembur, Mumbai, Maharashtra
 Ph: 022 4334 4600

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:24PM
Reported : 26/Oct/2024 05:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417884



Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:24PM
Reported : 26/Oct/2024 05:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. 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 (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417884



Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN - U85100TG2009PTC099414

Regd Off:1-10-62/62,5th Floor, Ashoka Raghupathi Chambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

Ujagar Compound, Opp. Deonar Bus Depot Main Gate,
Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600



OUT-PATIENT RECORD

Date : 26.10.24
MRNO : _____
Name :- Mr. Bheushan Band.
Age / Gender : 38yr/M.
Mobile No:- _____

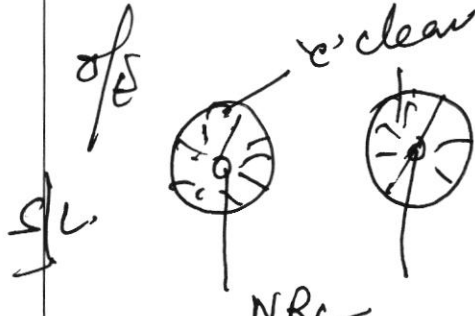
Department : **OPHTHALMOLOGY**
Consultant **Dr. Neeta Sharma**
Reg. No : **68446**
Qualification : MBBS, DIP. Ophthal, DNB (Ophthal)

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

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

fu me,
RE CV Normal R 6/6
VA R 6/18
VA L N/5
VA R N/5
for new

of
SL

NRC

P. FU. 901

Follow up date:

Doctor Signature

RECOMMENDED INVESTIGATIONS

| S. NO. | NAME OF DRUG & STRENGTH | MEDICATION DOSAGE | B | | | | C (A*B*C) | | INSTRUCTIONS FOR ADMINISTERING DOSAGE |
|--------|-------------------------|-------------------|---------|-----------|---------|-------|-------------|------------|---------------------------------------|
| | | | MORNING | AFTERNOON | EVENING | NIGHT | NO. OF DAYS | TOTAL QTY. | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |

- | | | |
|--|--|---|
| <input type="checkbox"/> 2D-ECHO WITH COLOUR DOPPLER <input type="checkbox"/> ABSOLUTE EOSINOPHIL COUNT <input type="checkbox"/> ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM <input type="checkbox"/> BLOOD GROUP ABC & Rh FACTOR <input type="checkbox"/> CALCIUM, SERUM <input type="checkbox"/> CARDIAC STRESS TEST - (TMT) <input type="checkbox"/> CBC (includes ESR) <input type="checkbox"/> COMPLETE BLOOD COUNT <input type="checkbox"/> C-REACTIVE PROTEIN (Qualitative) <input type="checkbox"/> CREATININE - SERUM / PLASMA <input type="checkbox"/> CREATININE, SERUM <input type="checkbox"/> CULTURE AND SENSITIVITY [URINE] <input type="checkbox"/> DENGUE IgM <input type="checkbox"/> DENGUE IgM & IgG <input type="checkbox"/> DENGUE NS1 ANTIGEN <input type="checkbox"/> ECG <input type="checkbox"/> ERYTHROCYTE SEDIMENTATION RATE (ESR) <input type="checkbox"/> FERRITIN - SERUM <input type="checkbox"/> FREE T4 - SERUM <input type="checkbox"/> FREE T4 (FT4) SERUM | <input type="checkbox"/> GLUCOSE - SERUM / PLASMA (FASTING) <input type="checkbox"/> GLUCOSE - SERUM / PLASMA (POST PRANDIAL) <input type="checkbox"/> GLUCOSE, FASTING (F) AND POST PRANDIAL (PP), 2 HOURS (POST MEAL) <input type="checkbox"/> GLUCOSE, RANDOM; <input type="checkbox"/> HbA1c; GLYCOSYLATED HEMOGLOBIN; GLYCO-HEMOGLOBIN <input type="checkbox"/> HEMOGRAM (CBP+ ESR) <input type="checkbox"/> HIV I AND II ANTIBODIES <input type="checkbox"/> IgE (TOTAL) <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> LIVER FUNCTION TESTS (LFT) <input type="checkbox"/> MALARIAL ANTIGEN (VIVAX AND FALCIPARUM) <input type="checkbox"/> PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP) <input type="checkbox"/> PLATELET COUNT <input type="checkbox"/> PROLACTIN - SERUM <input type="checkbox"/> PULMONARY FUNCTION TEST <input type="checkbox"/> RHEUMATOID FACTOR -SERUM <input type="checkbox"/> SERUM ELECTROLYTES <input type="checkbox"/> THYROID FUNCTION TEST, TOTAL <input type="checkbox"/> VACCINATIONS - ADULT | <input type="checkbox"/> Total BETA- HCG (TB-HCG) <input type="checkbox"/> TSH- THYROID STIMULATING HORMONE SERUM <input type="checkbox"/> TYPHI DOT - M <input type="checkbox"/> ULTRASOUND - ABDOMEN AND PELVIS <input type="checkbox"/> ULTRASOUND - WHOLE ABDOMEN <input type="checkbox"/> ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS) <input type="checkbox"/> UREA - SERUM / PLASMA <input type="checkbox"/> URIC ACID - SERUM <input type="checkbox"/> URINE ROUTINE (CUE) <input type="checkbox"/> Urine Routine And Microscopy <input type="checkbox"/> VITAMIN B12 -SERUM <input type="checkbox"/> VITAMIN D TOTAL-SERUM/PLASMA <input type="checkbox"/> VITAMIN D3 <input type="checkbox"/> WIDAL (SLIDE) <input type="checkbox"/> WIDAL TEST <input type="checkbox"/> X-RAY CERVICAL SPINE AP AND LAT <input type="checkbox"/> X-RAY CHEST PA <input type="checkbox"/> X-RAY LUMBAR SPINE AP AND LAT <input type="checkbox"/> X-RAY PNS <input type="checkbox"/> VACCINATIONS PAEDIATRICS |
|--|--|---|


Additional Investigation Recommended:

In case emergency, Please call 08448440991 or come directly to emergency room of the hospital

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Customer Pending Tests
ENT SKIPED

10

| | | |
|--|-------------------|--|
| Name : Mr. Bhushan Murlidhar Band | Age : 38 Y | UHID :SCHE.0000088981 |
| Address : Ghatkopar West | Sex : M |  |
| Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT | | OP Number :SCHEOPV107354 |
| | | Bill No :SCHE-OCR-25331 |
| | | Date : 26.10.2024 08:43 |

| Sno | Service Type/ServiceName | Department |
|-------------------------------------|--|------------|
| 1 | ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324 | |
| 1 | GAMMA GLUTAMYL TRANSFERASE (GGT) | |
| 2 | 2 D ECHO | |
| 3 | LIVER FUNCTION TEST (LFT) | |
| 4 | GLUCOSE, FASTING | |
| 5 | HEMOGRAM + PERIPHERAL SMEAR | |
| <input checked="" type="checkbox"/> | DIET CONSULTATION | |
| 7 | COMPLETE URINE EXAMINATION | |
| 8 | URINE GLUCOSE(POST PRANDIAL) | |
| 9 | PERIPHERAL SMEAR | |
| <input checked="" type="checkbox"/> | ECG | |
| 11 | RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) | |
| 12 | DENTAL CONSULTATION | |
| <input checked="" type="checkbox"/> | GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 9:50 / 11:50 | |
| 14 | URINE GLUCOSE(FASTING) | |
| 15 | HbA1c, GLYCATED HEMOGLOBIN | |
| 16 | X-RAY CHEST PA | |
| <input type="checkbox"/> | ENT CONSULTATION - skip | |
| <input type="checkbox"/> | FITNESS BY GENERAL PHYSICIAN | |
| 19 | BLOOD GROUP ABO AND RH FACTOR | |
| 20 | LIPID PROFILE | |
| 21 | BODY MASS INDEX (BMI) | |
| <input checked="" type="checkbox"/> | OPHTHAL BY GENERAL PHYSICIAN Dr. N. Sharma | |
| 23 | ULTRASOUND - WHOLE ABDOMEN | |
| 24 | THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) | |

mail

9284754408

| | |
|--|--|
| Patient Name : Mr.BHUSHAN MURLIDHAR BAND | Collected : 26/Oct/2024 08:57AM |
| Age/Gender : 38 Y 5 M 27 D/M | Received : 26/Oct/2024 10:38AM |
| UHID/MR No : SCHE.0000088981 | Reported : 26/Oct/2024 01:48PM |
| Visit ID : SCHEOPV107354 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36375 | |

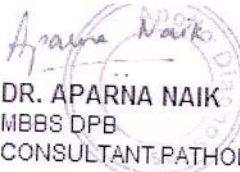
DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------------------------|--------------------|--------------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 13.9 | g/dL | 13-17 | Spectrophotometer |
| PCV | 44.60 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 6.27 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 71 | fL | 83-101 | Calculated |
| MCH | 22.1 | pg | 27-32 | Calculated |
| MCHC | 31.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 16.1 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 4,600 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 68 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 28 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 02 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3128 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1288 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 92 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 92 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.43 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 286000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 06 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

RBC NORMOCYTIC NORMOCHROMIC, ANISOCYTOSIS +
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN

Page 1 of 15


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST



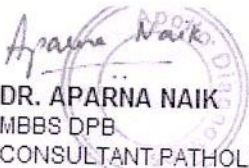
SIN No:BED240241799

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 10:38AM
Reported : 26/Oct/2024 01:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240241799

Page 2 of 15



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 10:38AM
 Reported : 26/Oct/2024 01:48PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:BED240241799



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 10:11AM
Reported : 26/Oct/2024 01:47PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 96 | 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.

Aparna Naik
DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:PLF02210524



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 12:13PM
 Received : 26/Oct/2024 01:47PM
 Reported : 26/Oct/2024 01:54PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 114 | 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. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No:PLP1487541



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:07PM
Reported : 26/Oct/2024 04:12PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.3 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 105 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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

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

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

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

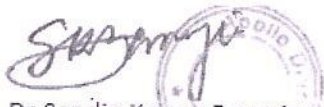
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 15



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

SIN No:EDT240093450



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

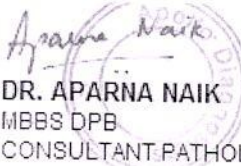
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 219 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 104 | mg/dL | <150 | |
| HDL CHOLESTEROL | 44 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 175 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 154.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 20.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.98 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.01 | | <0.11 | Calculated |

Comment:

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

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


 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|-------------------|
| 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) | 30 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 22.0 | U/L | 8-38 | JSCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.7 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 64.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.67 | | 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.

Page 8 of 15


 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267



| | | | |
|-----------------|-----------------------------|--------------|-------------------------------|
| Patient Name | : Mr.BHUSHAN MURLIDHAR BAND | Collected | : 26/Oct/2024 08:57AM |
| Age/Gender | : 38 Y 5 M 27 D/M | Received | : 26/Oct/2024 11:26AM |
| UHID/MR No | : SCHE.0000088981 | Reported | : 26/Oct/2024 01:52PM |
| Visit ID | : SCHEOPV107354 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 22E36375 | | |

DEPARTMENT OF BIOCHEMISTRY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04839267



TOUCHING LIVES

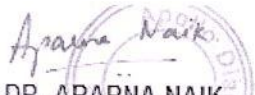
Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 11:26AM
Reported : 26/Oct/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.74 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 35.74 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 16.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.20 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.10 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 4.40 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 135 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.4 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 103 | mmol/L | 98 - 107 | Direct ISE |
| PROTEIN, TOTAL | 7.20 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.67 | | 0.9-2.0 | Calculated |



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:SE04839267



TOUCHING LIVES


Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 11:26AM
 Reported : 26/Oct/2024 01:52PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|---------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 38.00 | U/L | 16-73 | Glycylglycine Kinetic method |



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04839267

Page 11 of 15



TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:09PM
Reported : 26/Oct/2024 03:38PM
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. Interval | Method |
|--|--------------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.27 | ng/mL | 0.87-1.78 | CLIA |
| THYROXINE (T4, TOTAL) | 13.24 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.882 | µIU/mL | 0.38-5.33 | CLIA |

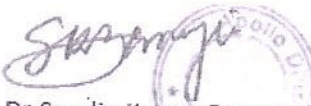
Comment:

| 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 |

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

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

Page 12 of 15


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



SIN No:SPL24144861

TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
 Age/Gender : 38 Y 5 M 27 D/M
 UHID/MR No : SCHE.0000088981
 Visit ID : SCHEOPV107354
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E36375

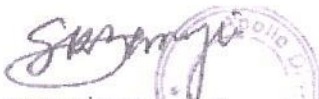
Collected : 26/Oct/2024 08:57AM
 Received : 26/Oct/2024 02:09PM
 Reported : 26/Oct/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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




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

SIN No:SPL24144861

TOUCHING LIVES

| | |
|--|--|
| Patient Name : Mr.BHUSHAN MURLIDHAR BAND | Collected : 26/Oct/2024 08:57AM |
| Age/Gender : 38 Y 5 M 27 D/M | Received : 26/Oct/2024 02:24PM |
| UHID/MR No : SCHE.0000088981 | Reported : 26/Oct/2024 05:19PM |
| Visit ID : SCHEOPV107354 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E36375 | |

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 | 6.0 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.020 | | 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 | 0-1 | /hpf | <10 | Microscopy |
| RBC | ABSENT | /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.

*** End Of Report ***

Page 14 of 15


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417884




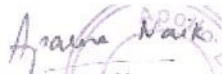
TOUCHING LIVES

Patient Name : Mr.BHUSHAN MURLIDHAR BAND
Age/Gender : 38 Y 5 M 27 D/M
UHID/MR No : SCHE.0000088981
Visit ID : SCHEOPV107354
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E36375

Collected : 26/Oct/2024 08:57AM
Received : 26/Oct/2024 02:24PM
Reported : 26/Oct/2024 05:19PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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



DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2417884

Page 15 of 15



38 Years

BAND, MR. BHUSHAN
Male

10/26/2024 10:23

APOLLO SPECIALTY HOSPITALS (0888 >

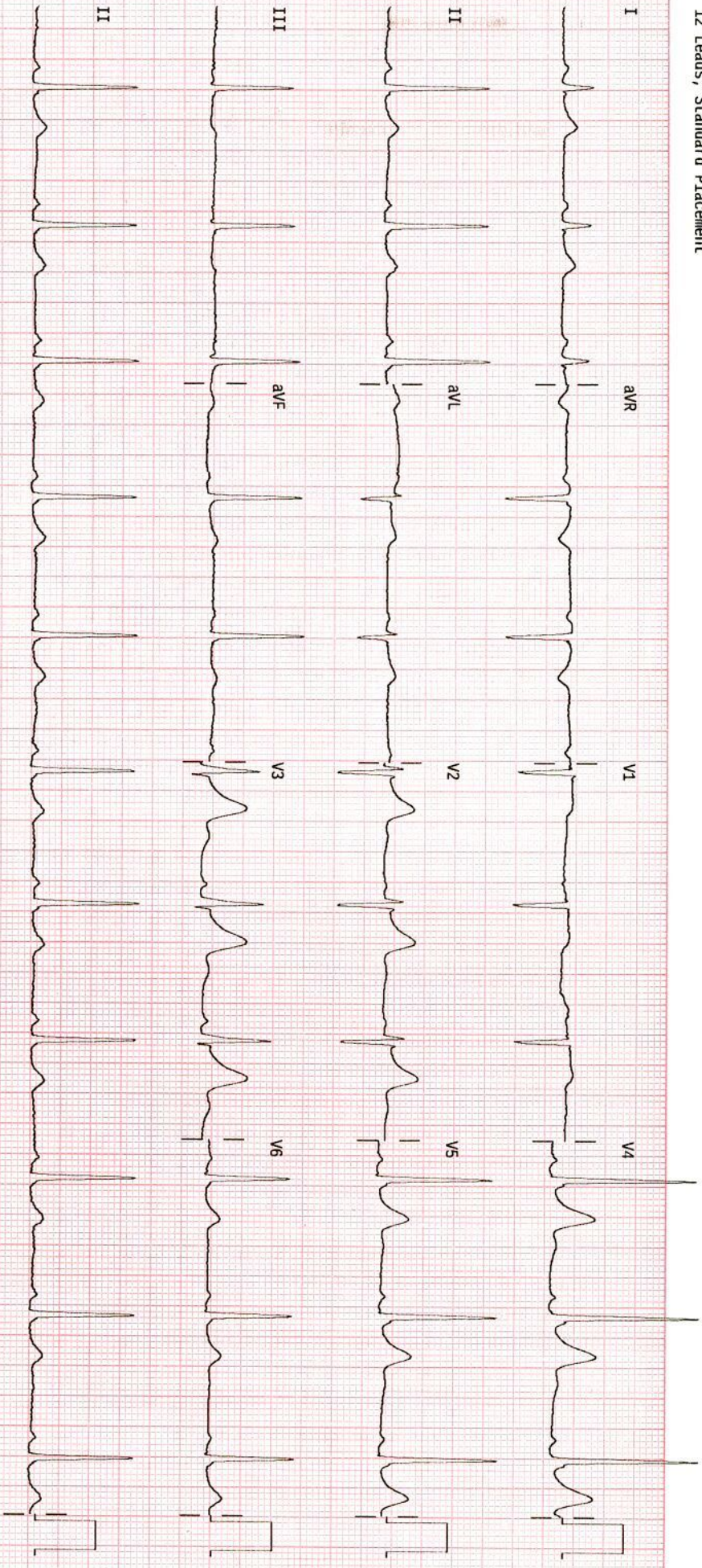
Rate: 67 . SINUS RHYTHM
 RR 900 . ST ELEV, PROBABLE NORMAL EARLY REPOL PATTERN
 PR 144
 QRSD 65
 QT 387
 QTcB 408

--AXIS--
 P 32
 QRS 73
 T 14
 12 Leads; Standard Placement

- NORMAL ECG -



MNL
AS



Device: Speed: 25mm/sec Lmb: 10.0mm/mv Chest: 10.00mm/mv
 F 50- 0.50-40 HZ W 110C CL P2



Patient Name : Mr. Bhushan Murlidhar Band
UHID : SCHE.0000088981
Reported on : 26-10-2024 12:16
Adm/Consult Doctor :

Age : 38 Y M
OP Visit No : SCHEOPV107354
Printed on : 26-10-2024 13:45
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:26-10-2024 12:16

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Bhushan Band
Age / Sex : 38 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -OCR-25331
UHID NO : SCHE.0000088981
Report Date : 26/10/ 2024

2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | 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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.


The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

| | |
|----------------------------|------------------------|
| AO (mm) : 24 | LA (mm) : 25 |
| IVSd (mm) : 7 | LVIDd (mm) : 40 |
| IVSs (mm) : 13 | LVIDs (mm) : 23 |
| LVPWd (mm) : 9 | LVPWs (mm) : 13 |
| EF(Teich)(mm) : 60% | |


Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)



Patient Name : Mr. Bhushan Murlidhar Band Age : 38 Y M
UHID : SCHE.0000088981 OP Visit No : SCHEOPV107354
Reported on : 26-10-2024 12:27 Printed on : 26-10-2024 12:28
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.2 X 4.1 cm.

LK : 10.0 X 3.9cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 17cc).

IMPRESSION: **ESSENTIALLY NORMAL WHOLE ABDOMEN.**

Printed on:26-10-2024 12:27

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar: Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.**
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits: 1-2 fruits** (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day: 3 liters.**
- **Oil consumption: 3 tsp per day/ ½ kg oil per month per person.**

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

| A | B | C |
|--|----------------------------|----------------------------|
| Low Kcal(Consume Liberally) | 40 kcal (Less amts) | 100 kcal (Restrict) |
| All Dark green leafy vegetables | Carrot, Onion, Beetroot | Potato, Raw banana |
| All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc, | Gawar | Sweet potato |
| | Papdi | Yam |
| Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc | Jackfruit (raw) | Tapioca |
| | Mushroom | Colocasia |
| | Green Plantain | Sabudana |

FRUIT SERVING SIZE:

| Fruits allowed | Serving | Fruits restricted | Serving |
|---|-------------------|-------------------------|-----------|
| Amla | 4-5 no. | Grapes | 10-12no. |
| Jambu | 10 no. | Banana (small), Chickoo | 1 no. |
| Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi | 1 no. | Mango | 2 slice |
| Plum | 2 no. | Litchi, Jackfruit | 3-4 no. |
| Pomegranate | ½ no. | Seetaphal | ½ no. |
| Watermelon, Musk melon | 1 thin boat slice | Fruit Juice | NO |
| Pineapple, Papaya | 2 thin boat slice | Sugarcane Juice | NO |
| Raspberries, Strawberries | 150gm | Coconut water | NO |
| Fresh Figs | 1 big/ 2 small | | |

Susan Thomas

Executive Dietician

E: diet.cbr@apollospectra.com



OUT- PATIENT RECORD

Date : 26/10/24
MRNO : _____
Name :- Bhuvan Band
Age / Gender : _____
Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
Consultant **Dr. Amit Shobhavat**
Reg. No : 2001/09/3124
Qualification : F.C.C.M, Dip. Diabetology

| | | | |
|----------------------|---------------------|-------------------|-----------------------------|
| Pulse : <u>80</u> | B.P : <u>110/70</u> | Resp : <u>16</u> | Temp : <u>97.8°F</u> |
| Weight : <u>55.6</u> | Height : <u>170</u> | BMI : <u>19.2</u> | Waist Circum : <u>84/90</u> |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

chest:- 85/87
SpO2:- 99.1

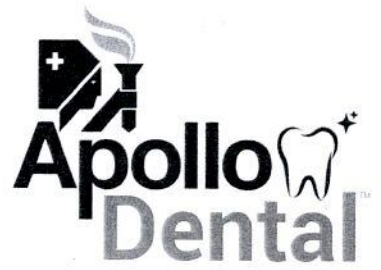
no abnormal exam
no surgical sign
no admission
interc
R
L

symptomatic pt

Follow up date:

Doctor Signature

ORAL EXAMINATION FORM



Date: 26/10/24 Phone No: 7709996303 Source: HC

Patient ID: _____ MHC

Patient Name: Bhushan M. Band Age: 38 Sex: Male Female

Chief Complaint: pt. 40 deposits on surface of teeth.

Medical History: -

Drug Allergy: -

Medication currently taken by the Guest: -

Initial Screenign Findings :

Dental Caries :

Missing Teeth :

Impacted Teeth :

Attrition / Abrasion :

Bleeding :

Pockets / Recession :

Calculus / Stains : +++

Mobility :

Restored Teeth :

Non - restorable Teeth for extraction /
Root Stumps :

Malocclusion :

Others :

Advice :- oral prophylaxis

Doctor

Name & Signature : Dr. Sayali D.



भारत सरकार
GOVERNMENT OF INDIA



भूषण मुरलीधर बंड
Bhushan Murliidhar Band

जन्म वर्ष / Year of Birth : 1986

पुरुष / Male



4507 2088 8691

आधार – सामान्य माणसाचा अधिकार

| | | | | | | | | | |
|----|---|----------|----------------------------|----|---|--------------|------------|-----------|---------|
| 52 | femi MediWheel Full Body Annual Plus Check Advanced Female 2D E | 22S36376 | Sonali Bhushan Band | 54 | F | nd@bankofl | 7709996303 | 26-Oct-24 | 9:00 AM |
| 53 | Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO | 22E36375 | MR. BAND BHUSHAN MURLIDHAR | 38 | M | nd@bankofl | 7709996303 | 26-Oct-24 | 9:00 AM |
| 54 | ofemi MediWheel Full Body Health Annual Plus Check Female 2D E | 22S34890 | Sariekha John | 31 | F | khil@gmail.d | 9544591576 | 09-Nov-24 | 9:00 AM |



OUT- PATIENT RECORD

Date : 26.10.24
MRNO : _____
Name :- Mr. Bhushan Band.
Age / Gender : 38yr/M.
Mobile No:- _____

Department : **OPHTHALMOLOGY**
Consultant **Dr. Neeta Sharma**
Reg. No : **68446**
Qualification : MBBS, DIP. Ophthal, DNB (Ophthal)

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

General Examination / Allergies History

Clinical Diagnosis & Management Plan

fu mc.
RE CV. Normal
VA RE 6/18
VA RE N/5
VA RE N/5
fu new

ofe
clear
NRe

P. P. U. 903

Follow up date:

Doctor Signature *[Signature]*

RECOMMENDED INVESTIGATIONS

| S. NO. | NAME OF DRUG & STRENGTH | A MEDICATION DOSAGE | B | | | | C NO. OF DAYS | (A*B*C) TOTAL QTY. | INSTRUCTIONS FOR ADMINISTERING DOSAGE |
|--------|-------------------------|---------------------------|---------|-----------|---------|-------|---------------------|--------------------------|--|
| | | | MORNING | AFTERNOON | EVENING | NIGHT | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |

- | | | |
|--|---|---|
| <input type="checkbox"/> 2D-ECHO WITH COLOUR DOPPLER <input type="checkbox"/> ABSOLUTE EOSINOPHIL COUNT <input type="checkbox"/> ALANINE AMINOTRANSFERASE (ALT/SGPT), SERUM <input type="checkbox"/> BLOOD GROUP ABO & Rh FACTOR <input type="checkbox"/> CALCIUM, SERUM <input type="checkbox"/> CARDIAC STRESS TEST - (TMT) <input type="checkbox"/> CBC (includes ESR) <input type="checkbox"/> COMPLETE BLOOD COUNT <input type="checkbox"/> C-REACTIVE PROTEIN (Qualitative) <input type="checkbox"/> CREATININE - SERUM / PLASMA <input type="checkbox"/> CREATININE, SERUM <input type="checkbox"/> CULTURE AND SENSITIVITY [URINE] <input type="checkbox"/> DENGUE IgM <input type="checkbox"/> DENGUE IgM & IgG <input type="checkbox"/> DENGUE NS1 ANTIGEN <input type="checkbox"/> ECG <input type="checkbox"/> ERYTHROCYTE SEDIMENTATION RATE (ESR) <input type="checkbox"/> FERRITIN - SERUM <input type="checkbox"/> FREE T4 - SERUM <input type="checkbox"/> FREE T4 (FT4)-SERUM | <input type="checkbox"/> GLUCOSE - SERUM / PLASMA (FASTING) <input type="checkbox"/> GLUCOSE - SERUM / PLASMA (POST PRANDIAL) <input type="checkbox"/> GLUCOSE, FASTING (F) AND POST PRANDIAL (PP), 2 HOURS (POST MEAL) <input type="checkbox"/> GLUCOSE, RANDOM; <input type="checkbox"/> HbA1c; GLYCOSYLATED HEMOGLOBIN; GLYCO-HEMOGLOBIN <input type="checkbox"/> HEMOGRAM (CBP+ ESR) <input type="checkbox"/> HIV I AND II ANTIBODIES <input type="checkbox"/> IgE (TOTAL) <input type="checkbox"/> LIPID PROFILE <input type="checkbox"/> LIVER FUNCTION TESTS (LFT) <input type="checkbox"/> MALARIAL ANTIGEN (VIVAX AND FALCIPARUM) <input type="checkbox"/> PERIPHERAL SMEAR FOR MALARIAL PARASITE (MP) <input type="checkbox"/> PLATELET COUNT <input type="checkbox"/> PROLACTIN - SERUM <input type="checkbox"/> PULMONARY FUNCTION TEST <input type="checkbox"/> RHEUMATOID FACTOR -SERUM <input type="checkbox"/> SERUM ELECTROLYTES <input type="checkbox"/> THYROID FUNCTION TEST, TOTAL <input type="checkbox"/> VACCINATIONS -ADULT | <input type="checkbox"/> Total BETA- HCG (Tβ-HCG) <input type="checkbox"/> TSH: THYROID STIMULATING HORMONE - SERUM <input type="checkbox"/> TYPHI DOT - M <input type="checkbox"/> ULTRASOUND - ABDOMEN AND PELVIS <input type="checkbox"/> ULTRASOUND - WHOLE ABDOMEN <input type="checkbox"/> ULTRASOUND EARLY PREGNANCY (WITHIN 10 WEEKS) <input type="checkbox"/> UREA - SERUM / PLASMA <input type="checkbox"/> URIC ACID - SERUM <input type="checkbox"/> URINE ROUTINE (CUE) <input type="checkbox"/> Urine Routine And Microscopy <input type="checkbox"/> VITAMIN B12 -SERUM <input type="checkbox"/> VITAMIN D TOTAL-SERUM/PLASMA <input type="checkbox"/> VITAMIN D3 <input type="checkbox"/> WIDAL (SLIDE) <input type="checkbox"/> WIDAL TEST <input type="checkbox"/> X-RAY CERVICAL SPINE AP AND LAT <input type="checkbox"/> X-RAY CHEST PA <input type="checkbox"/> X-RAY LUMBAR SPINE AP AND LAT <input type="checkbox"/> X-RAY PNS <input type="checkbox"/> VACCINATIONS - PAEDIATRICS |
|--|---|---|

Additional Investigation Recommended:

In case emergency, Please call 08448440991 or come directly to emergency room of the hospital

Convenient & reliable. Complete diagnostic services for the entire family. All under one roof.

Patient Name : Mr. Bhushan Murlidhar Band

Age/Gender : 38 Y/M

UHID/MR No. : SCHE.0000088981

OP Visit No : SCHEOPV107354

Sample Collected on :

Reported on : 26-10-2024 12:28

LRN# : RAD2429330

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E36375

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.2 X 4.1 cm.

LK : 10.0 X 3.9cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 17cc).

IMPRESSION: **ESSENTIALLY NORMAL WHOLE ABDOMEN.**



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name : Mr. Bhushan Murlidhar Band

Age/Gender : 38 Y/M

UHID/MR No. : SCHE.0000088981

OP Visit No : SCHEOPV107354

Sample Collected on :

Reported on : 26-10-2024 12:16

LRN# : RAD2429330

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E36375

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology