

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:58PM
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



SIN No:BED240103773

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	11.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	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	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1566	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	216	Cells/cu.mm	20-500	Calculated
MONOCYTES	486	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.78- 3.53	Calculated
PLATELET COUNT	233000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 8



SIN No:BED240103773

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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.NINAD N GAWANDE
 Age/Gender : 25 Y 4 M 27 D/M
 UHID/MR No : STAR.0000062581
 Visit ID : STAROPV69015
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
 Received : 17/Apr/2024 01:35PM
 Reported : 17/Apr/2024 02:58PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - 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



SIN No:BED240103773

Patient Name : Mr.NINAD N GAWANDE
 Age/Gender : 25 Y 4 M 27 D/M
 UHID/MR No : STAR.0000062581
 Visit ID : STAROPV69015
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
 Received : 17/Apr/2024 01:35PM
 Reported : 17/Apr/2024 01:45PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	mg/dL	70-100	GOD - POD

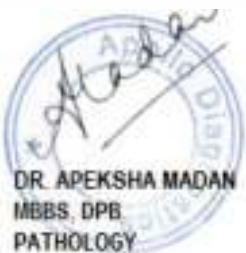
Comment:

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.NINAD N GAWANDE	Collected : 17/Apr/2024 01:48PM
Age/Gender : 25 Y 4 M 27 D/M	Received : 17/Apr/2024 02:22PM
UHID/MR No : STAR.0000062581	Reported : 17/Apr/2024 02:24PM
Visit ID : STAROPV69015	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 346981436497	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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.



SIN No:PLP1446213

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:

188, Feroze Circle Lane, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022-4332 4300

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:34PM
Reported : 17/Apr/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	12	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes. ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear. The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL , SERUM	0.70	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	11.72			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD



Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - 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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/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 8 of 8



SIN No:UR2332135

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:
188, Feroze Circle Lane, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022-4332-4300

Date : 17/4/2024 **OUT-PATIENT RECORD**
 MRNO :
 Name : MA. NINAD GAWANDE
 Age/Gender : 25y / Male
 Mobile No :
 Passport No :
 Aadhar number :

Pulse : 52/min	B.P : 120/80	Resp : 18/min	Temp : (N)
Weight : 69.9	Height : 182 cm	BMI : 21.1	Waist Circum : 82 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Mews - (1)
 Unmarried, Nonvegetarian
 sleep BFB @ Dust Allergy.
 No addiction
 FH: mother: HT
 Physically fit.



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

Doctor Signature

Follow up date:

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 D/M
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:36PM
Reported : 17/Apr/2024 02:58PM
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

Page 1 of 8



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240103773

Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 DM
UHID/IR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981438497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:58PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.1	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	44.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.14	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.2	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	11.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	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	3132	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1566	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	216	Cells/cu.mm	20-500	Calculated
MONOCYTES	486	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2		0.75- 3.53	Calculated
PLATELET COUNT	233000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR
Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 8



(Signature)
DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240103773

Patient Name	: Mr. NINAD N GAWANDE	Collected	: 17/Apr/2024 01:09PM
Age/Gender	: 25 Y 4 M 27 D/M	Received	: 17/Apr/2024 01:35PM
UHID/MR No	: STAR.0000062581	Reported	: 17/Apr/2024 02:58PM
Visit ID	: STAROPV89015	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 346981436497		

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

Page 3 of 8



DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240103773

TOUCH BLOOD LIVE [®]	Patient Name [®] : Mr.NINAO N GAWANDE	Collected	: 17/Apr/2024 01:09PM
	Age/Gender : 25 Y 4 M 27 D/M	Received	: 17/Apr/2024 01:35PM
	UHID/MR No : STAR.0000002581	Reported	: 17/Apr/2024 02:58PM
	Visit ID : STARDPV69015	Status	: Final Report
	Ref Doctor : Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
	Empr/Auth/TPA ID : 346981436497		

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - 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
SIN No:BED240103773

Page 4 of 8



Patient Name : Mr NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 DM
UHID/MR No. : STAR.0000062581
Visit ID : STARQPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 01:45PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	83	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 ≥ 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, DPB
PATHOLOGY

SIN No:PLF02146367

TOUCH BLOOD LIVE [®]	Patient Name [®] : Mr.NINAD N GAWANDE	Collected : 17/Apr/2024 01:48PM
	Age/Gender : 25 Y 4 M 27 DM	Received : 17/Apr/2024 02:22PM
	UHID/MR No : STAR.0000062581	Reported : 17/Apr/2024 02:24PM
	Visit ID : STAROPV69015	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 346981436497	


DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	85	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, DPE
PATHOLOGY
SIN No:PLP1446213

TOUCH AND FEEL

Patient Name : Mr.NINAD N GAWANDE
 Age/Gender : 25 Y 4 M 27 DM
 UHID/MR No : STAR,0000082581
 Visit ID : STAROPV69015
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
 Received : 17/Apr/2024 01:34PM
 Reported : 17/Apr/2024 02:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY
 ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	12	U/L	4-44	JSCC

Comment:


ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes. ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear. The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL , SERUM	0.70	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	11.72			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.75	mg/dL	0.6-1.1	ENZYMATIC METHOD




 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:SE04697781

TOUC Patient Name : Mr.NINAD N GAWANDE
Age/Gender : 25 Y 4 M 27 DM
UHID/MR No : STAR.0000062581
Visit ID : STAROPV69015
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 346981436497

Collected : 17/Apr/2024 01:09PM
Received : 17/Apr/2024 01:35PM
Reported : 17/Apr/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - 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
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/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 8 of 8




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:UR2332135

Measurement Results:

QRS : 110 ms

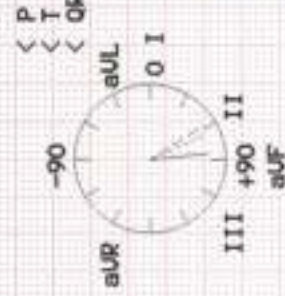
QT/QTcB : 422 / 384 ms

PR : 148 ms

P : 118 ms

RR/PP : 1186 / 1200 ms

P/QRS/T : 66/ 83/ 57 degrees



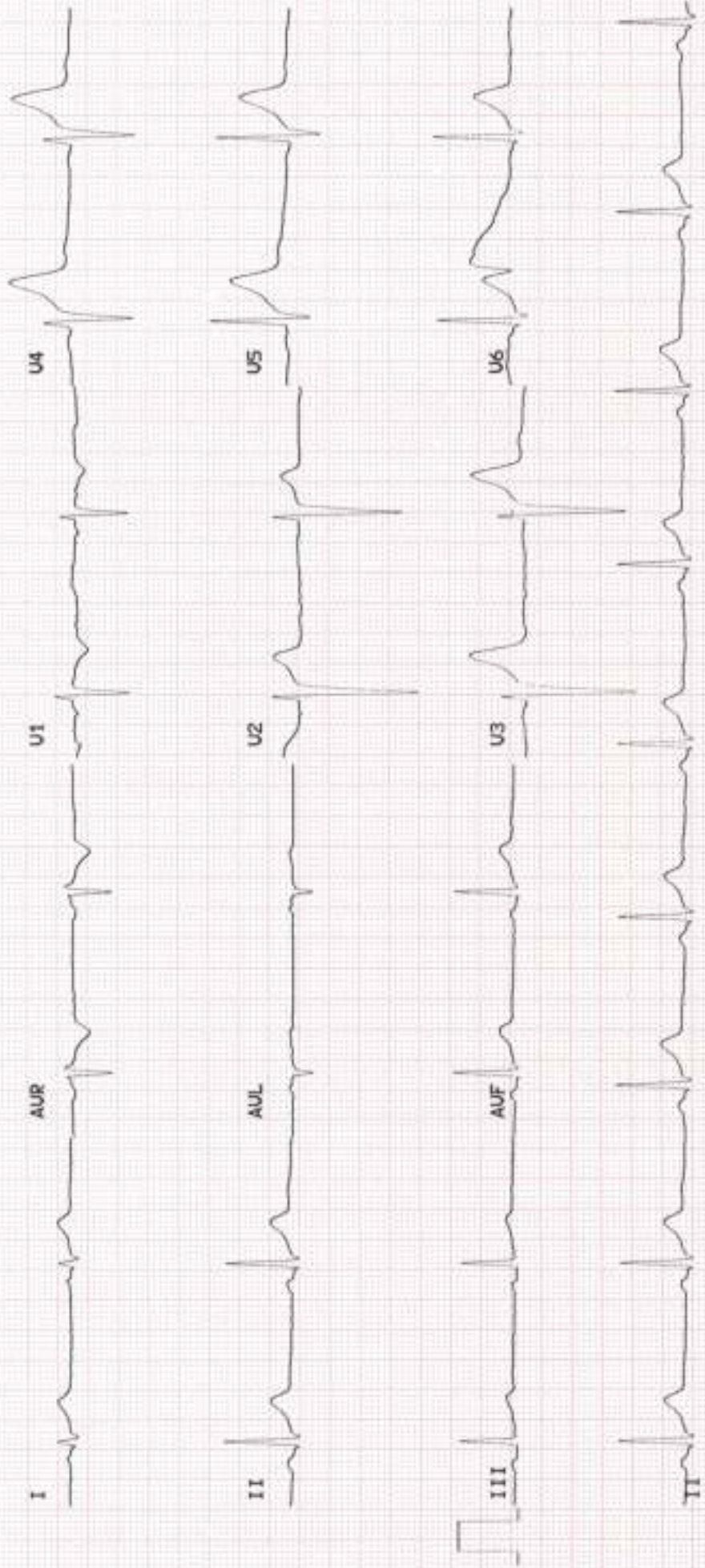
Interpretation:
 12SL - Interpretation:
 Sinus bradycardia
 Otherwise normal ECG

Sinus Bradycardia



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

[Signature]
 Unconfirmed report.



Patient Name	: Mr. NINAD N GAWANDE	Age	: 25 Y M
UHID	: STAR.0000062581	OP Visit No	: STAROPV69015
Reported on	: 17-04-2024 12:39	Printed on	: 17-04-2024 12:40
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:17-04-2024 12:39

---End of the Report---



Dr. VINOD SHETTY
Radiology

EYE REPORT

Name: *Nurid Goumado*

Date: *17/04/2024*

Age / Sex: *25/M*

Ref No.:

Complaint:

*As o/o watery eye
No M/O SE*

Examination

Spectacle Rx

Vx 4/6c

near Vx 6/6

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

Remarks:

Follow up of wmr

Medications:

As of wmr

Trade Name	Frequency	Duration

Follow up:

Follow up of w

Consultant:



InBody

Ninad Gowande

ID 0

Height 182cm

Date 17. 4. 2024

APOLLO SPECTRA HOSPITAL

Age 25

Gender Male

Time 10:27:20

Body Composition

	Under	Normal	Over	Normal Range
Weight	69.9 kg			61.9 ~ 83.8
Muscle Mass <small>Skeletal Muscle Mass</small>	29.6 kg			31.3 ~ 38.3
Body Fat Mass	16.9 kg			8.8 ~ 17.5
TBW <small>Total Body Water</small>	38.8 kg (41.0 ~ 50.1)		FFM <small>Fat Free Mass</small>	53.0 kg (53.2 ~ 66.3)
Protein	10.5 kg (11.0 ~ 13.4)		Mineral*	3.65 kg (3.79 ~ 4.63)

* Mineral is estimated.

Segmental Lean

Lean Mass Evaluation



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	21.1	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	24.2	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	0.95	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1515	1525 ~ 1782

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Segmental Fat

Fat Mass Evaluation



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 9.0 kg	Fat Control	- 6.0 kg	Fitness Score	65
----------------	----------	-------------	----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	375.4	385.7	31.8	320.2	325.9
100kHz	339.7	351.0	27.2	286.3	292.0

* 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: 69.9 kg / Duration: 30min. / unit: kcal)											
Walking	140	Jogging	245	Bicycle	210	Swim	245	Mountain Climbing	228	Aerobic	245
Table tennis	158	Tennis	210	Football	245	Oriental fencing	350	Gate ball	133	Badminton	158
Racket ball	350	Tae-kwon-do	350	Squash	350	Basketball	210	Rope jumping	245	Golf	123
Push-ups <small>development of upper body</small>		Sit-ups <small>abdominal muscle training</small>		Weight training <small>includes progression</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

2000 kcal

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

निनाद नंदकिशोर गावंडे

निनाद नंदकिशोर गावंडे
Ninad Nandkishor Gawande
जन्म तिथि / DOB: 20/11/1998
पुरुष / MALE
Mobile No.: 9867843345

3469 8143 6497
VID: 3158 6802 9481 2053

मेरा आधार, मेरी पहचान

Gawande Ninad - 20/11/1998

15/01/2019, 09:15:2019

Patient Name	: Mr. NINAD N GAWANDE	Age/Gender	: 25 Y/M
UHID/MR No.	: STAR.0000062581	OP Visit No	: STAROPV69015
Sample Collected on	:	Reported on	: 17-04-2024 12:40
LRN#	: RAD2302823	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 346981436497		

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. VINOD SHETTY
Radiology