

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

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

	कर्मचारी विवरण
नाम	MR. THAKUR NAVIN CHANDRA
क.कू.संख्या	51995
पदनाम	REGIONAL HEAD
कार्य का स्थान	MUMBAI,RO MUMBAI NORTH
जन्म की तारीख	05-08-1971
स्वास्थ्य जांच की प्रस्तावित तारीख	24-02-2024
बुकिंग संदर्भ सं.	23M51995100091230E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 16-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलम्बक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनबॉक्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

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

THAKUR, NAVIN
ID: 000061600

24-Feb-2024
11:32:38

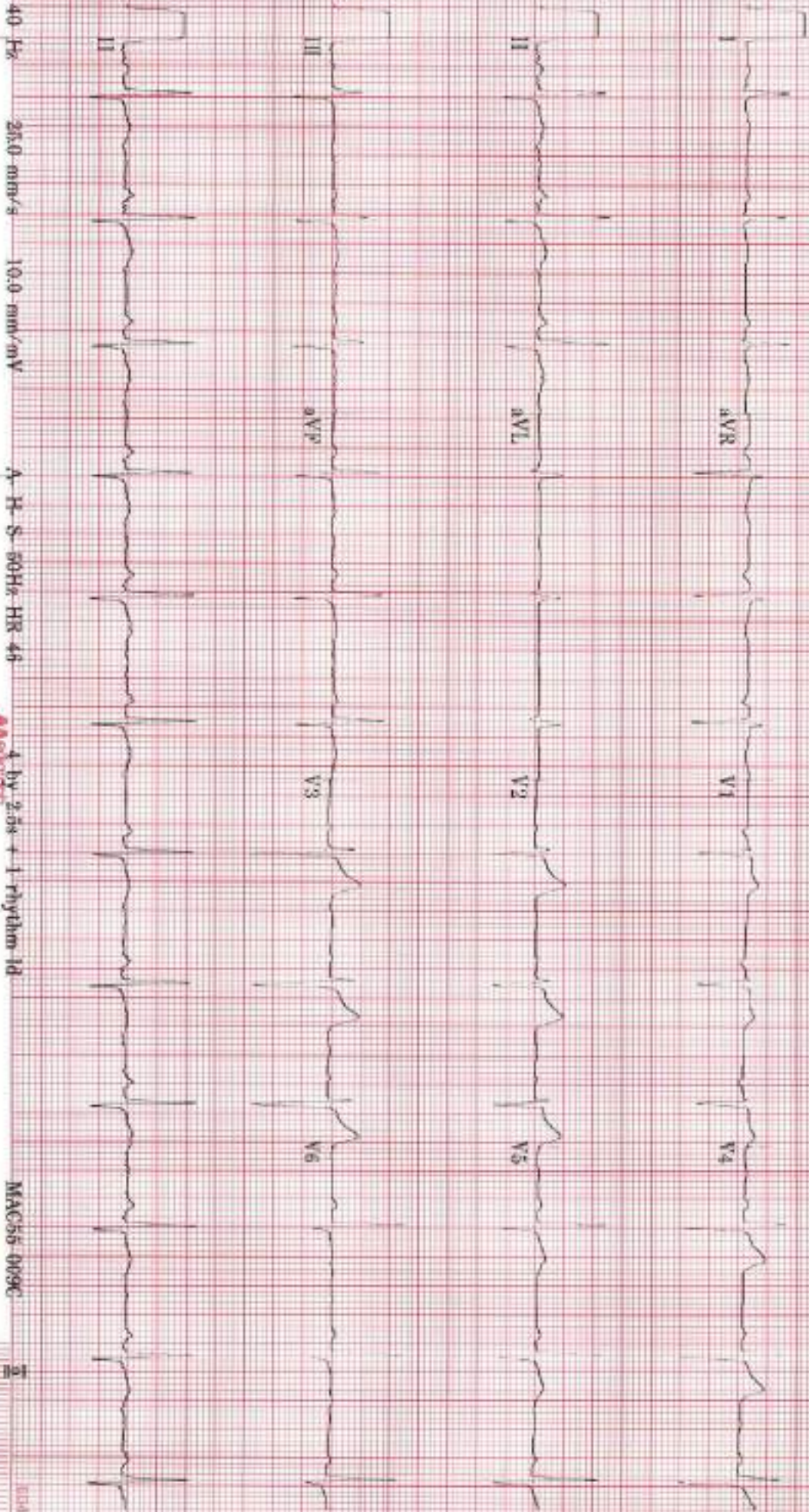
70bpm
BP: 150/80

PRETEST
SUPINE
0:41

BRUCE
++ 5 mph
++ 2g

12 LEAD ECG

APOLLO SPECTRA TARDUO MUMBAI



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

4 by 2.5s + 1 rhythm 1d

MAC55 009C

II

ECG

THAKUR, NAVIN
ID: 000061600

70bpm

PRETTEST
STANDING
1:00

BRUCE
**mph
**%

24-Feb-2024
11:32:55



40 Hr 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

M 4.99 2.58 + 1 rhythm Id

MAC55-009C

II

90%

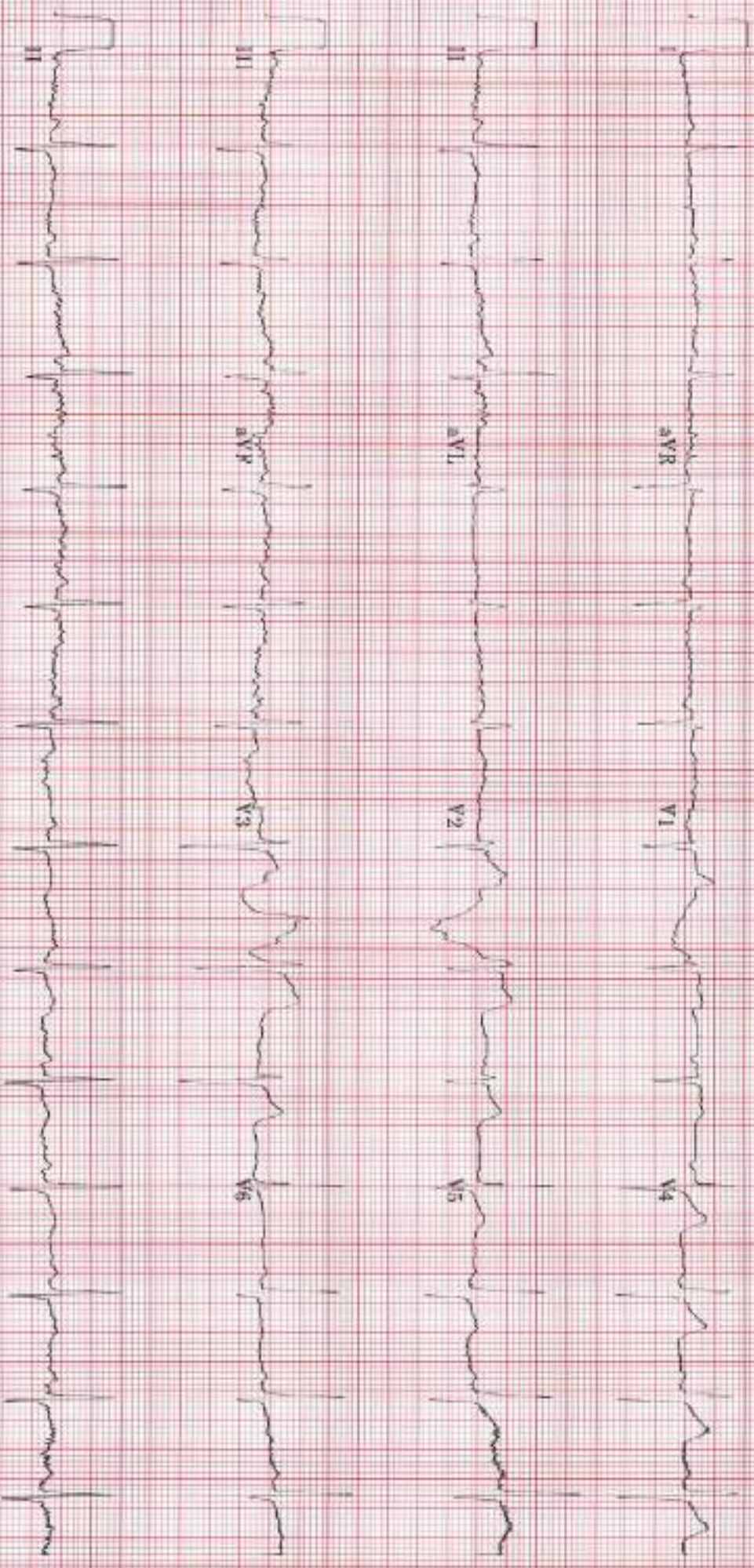
THAKUR NAVIN
ID: 000061600

24-Feb-2024
11:33:22

79bpm

PRETEST
HYPERVENT
1:26

BRUCE
** mph
** %



40 E1 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC55 009C
2
2024

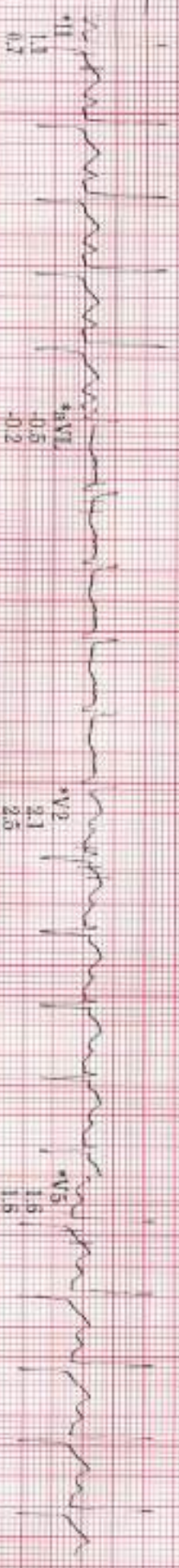
THAKUR, NAVIN
ID: 000001600
24-Feb-2024
11:36:36

EXERCISE
STAGE 1
126bpm
2.44

BRUCE
11.7mph
10.0%

ST @ 10mm/mV
Stems postJ

Lead
ST(mm)
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A-F-S-50Hz HR 46

Medtronic

MAC55 009C

OK

Computer Synthesized Rhythm

THAKUR NAVIN
ID: 000061600

24-Feb-2024
11:39:36

144bpm

EXERCISE
STAGE 2

548

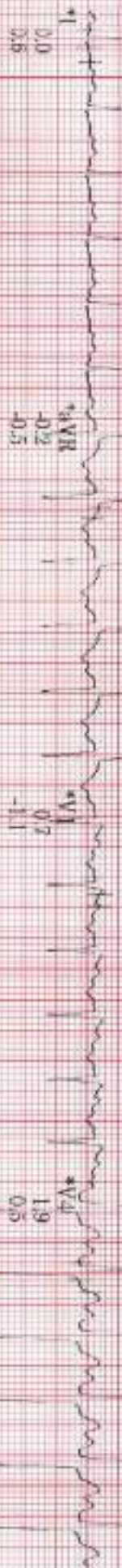
BRUCE

2.5mph
12.0%

BP: 150/100

ST @ 10mm/mV
80ms post-J

Lead
ST(mn)
Slope(mV/s)



40 Hz 25.0 mm/s 10.0 mm/mV A-F-S 50Hz HR 46

Mediscript

MAC55 009C

15

9004

THAKUR, NAVIN
ID: 300061600

24-Feb-2024
11:39:59

147bpm

EXERCISE
STAGE 3

BRUCE
3.4mph
14.0%

6.11



40 Hz 25.0 mm/s 10.0 mm/mV A-H S-50Hz HR 46 MAC55 009C

0134

THAKUR, NAVIN
 ID: 000061600

24-Feb-2024
 11:40:59

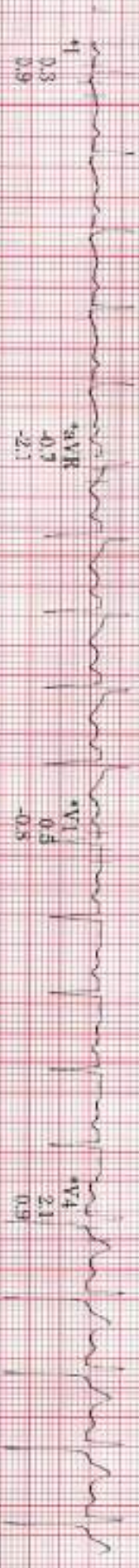
119bpm

RECOVERY
 Page 1:00

BRUCE
 ** *mph
 ** *g

ST @ 10mm/mV
 80bms paper

Lead
 ST (mm)
 Slope (mV/s)



Computer Synthesized Rhythm

40 HE 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MeScript

MAC55 009C

II

0034

GRADED EXERCISE SUMMARY

THAKUR, NAVIN
 ID: 009061608
 24-Feb-2024
 11:31:37

52 years
 157 cm

Asian
 69kg

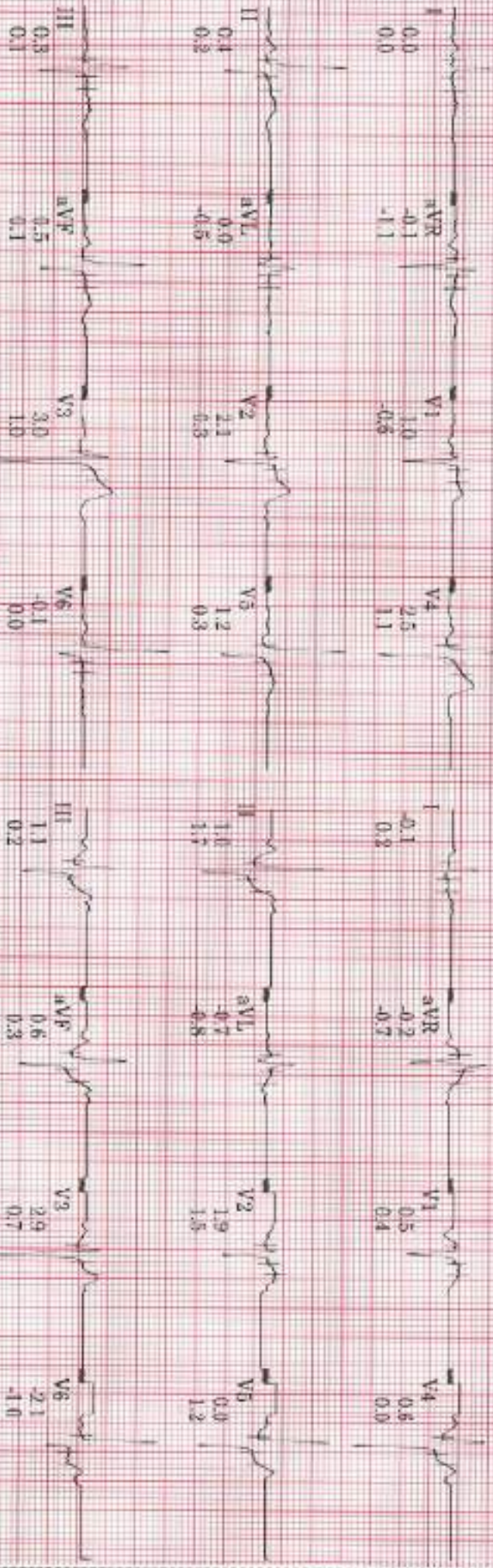
Male

PERFORMANCE
 Total Exercise time: 6:11
 Max HR: 148bpm 88% of max predicted 165bpm
 Max BP: 150/80
 Maximum workload: 7.2METS
 Reason for Termination: Target HR Achieved
 Comments:

25.0 mm/s
 10.0 mm/mV
 100Hz

Referred by:
 Test Ind:

EXERCISE STAGE	HR (bpm)	ST @ 10mm/mV (80ms post)	Lead	ST (mm)	Slope (mV/s)
BASELINE	98bpm	ST @ 10mm/mV (80ms post)			
RECOVERY Post	148bpm	ST @ 10mm/mV (80ms post)			



Technician:

Unconfirmed

APOLLO SPECTRA TAIPEO MUMBAI

MAC55 009C

009

GRADED EXERCISE SUMMARY

THAKUR, NAVIN
ID: 000061600

24-Feb-2024
11:31:57

52years
157cm

Asian
69kg

Male

Referred by:
Test inst:

BRGR
Max HR: 148bpm 88% of max predicted 168bpm
Max BP: 150/80
Reason for Termination: Target HR Achieved
Comments: STRESS TEST IS NEGATIVE.

25.0 mm/s
10.0 mm/mV
100hz

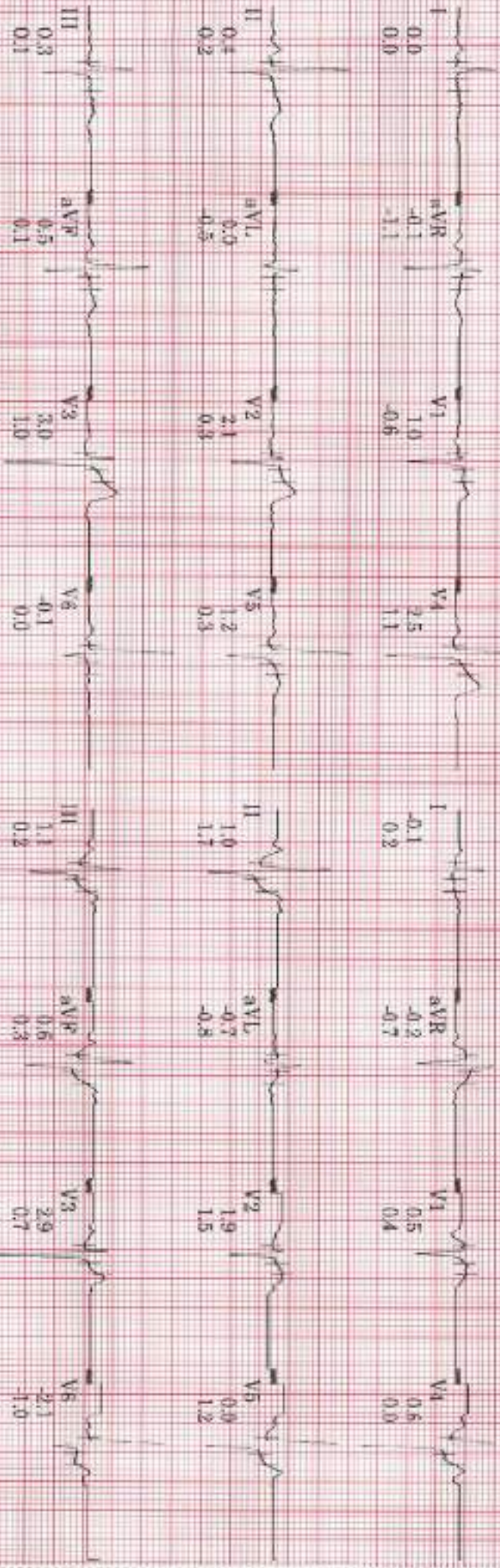
EXERCISE STAGE 1
0:00 LIMITS 93bpm ST @ 10mm/mV
60ms post

Lead
ST(mm)
Slope(mV/s)

RECOVERY Post
0:12 6.9METS

MAX ST
148bpm ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slope(mV/s)



Technician:

Unconfirmed

APOLLO SPECTRA TARDIO MUMBAI

MAC55 009C

00A

THAKUR, NAVIN
ID: C00061600

24 Feb 2024
11:31:57

32 years
157 cm
Asian
69kg

Male

BRUCE
Max HR: 148bpm 88% of max predicted 160bpm
Max BP: 150/80
Reason for Termination: Target HR Achieved
Comments: STRESS TEST IS NEGATIVE

Total Exercise time: 6:11
Maximum workload: 7.2METS

25.0 mm/s
10.0 mm/mV
100hz

Referred by:
Test and:

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

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



Test Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	Rpr (min)	Rpp (x100)
PARTEST	SUPINE	0:35	***	***	1.0	71	150/80	107
	STANDING	0:17	***	***	1.9	75		
	HYPERVENT	0:36	0.8	0.0	1.1	90		
EXERCISE	STAGE 1	3:40	1.7	10.0	4.5	129		
	STAGE 2	3:00	2.3	14.0	7.0	144	150/100	216
	STAGE 3	0:11	3.4	14.0	7.2	147		
RECOVERY	Post	2:04	***	***	1.0	99		

Technician:

APOLLO SPECTRA TARDIO MUMBAI

Unconfirmed

MAC56 009C

24/1/2024 **OUT-PATIENT RECORD**

Date
MRNO
Name
Age/Gender
Mobile No
Passport No
Aadhar number

61800
MR. Navin Thakur
52yB / Male

Pulse :	B.P. : 140/80	Resp : 22/MIN	Temp : (M)
Weight : 29.2	Height : 157	BMI : 28.1	Waist Circum : 82cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonsmoker
Sleep (B/B) No allergy.
No addiction
FH: Mother: IGT.
Sugar ↑ Lipid ↑ UA 7-30.
1) Avoid sugar/sweets/oil/ghee/High protein diet.
2) Morning Walk 45 minutes daily
3) Repeat Sugar/Lipid/UA after 2 months.

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



Follow up date:

Doctor Signature

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

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

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

Patient Name : Mr.NAVIN CHANDRA THAKUR
Age/Gender : 52 Y 8 M 19 D/M
UHIDMR No : STAR.0000051600
Visit ID : STAROPV67653
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 51895

Collected : 24/Feb/2024 08:23AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:04PM
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 13



DR. APEKSHA MADAN
MBBS, OPB
PATHOLOGY

SIN No:BED240047656

TOUCHING LIVES

Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/MR No : STAR.0000081000
 Visit ID : BTAROPV67853
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 11:02AM
 Reported : 24/Feb/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	43.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4617.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1979.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	513.1	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	223000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:BED240047656

Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/MR No. : STAR.0000051600
 Visit ID : STAROPV67653
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 51895

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 11:02AM
 Reported : 24/Feb/2024 01:04PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:BED240047656

TOUCHING LIVES

Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 11:02AM
UHID/MR No : STAR.0000081600	Reported : 24/Feb/2024 01:54PM
Visit ID : STAROPV67853	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	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. APEKSHA MADAN
MBBS, DPM
PATHOLOGY
SIN No:BED240047656

Patient Name : Mr.NAVIN CHANDRA THAKUR
Age/Gender : 52 Y 6 M 19 D/M
UHIDMR No : STAR.0000061600
Visit ID : STAROPV67653
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 02:16PM
Received : 24/Feb/2024 04:37PM
Reported : 24/Feb/2024 06:27PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	119	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 Ketosidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	206	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:PLP1423749

Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 09:38PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	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. Pratibha Kadam
M.B.B.S, M.D(Pathology)
Consultant Pathologist

SIN No: EDT240021259

TOUCHING LIVES Patient Name : Mr.NAVIN CHANDRA THAKUR Age/Gender : 52 Y 6 M 19 DM UHID/MR No : STAR.0000061600 Visit ID : STAROPV67653 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 51995	Collected : 24/Feb/2024 08:23AM Received : 24/Feb/2024 03:59PM Reported : 24/Feb/2024 04:37PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

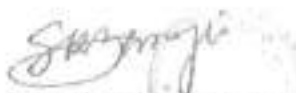
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	180	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	102	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from prelipidated tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.



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

SIN No: BII18462118



Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/IMR No : STAR.0000061600
 Visit ID : STAROPV67653
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 12:01PM
 Reported : 24/Feb/2024 05:05PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.93		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease induces albumin levels.
- Correlation with PT (Prothrombin Time) helps.




 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04639491

Patient Name : Mr.NAVIN CHANDRA THAKUR Age/Gender : 52 Y 6 M 19 D/M UHID/MR No : STAR.0000091600 Visit ID : STAROPV67653 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 51995	Collected : 24/Feb/2024 08:23AM Received : 24/Feb/2024 12:01PM Reported : 24/Feb/2024 05:05PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:SE04639491

Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/MR No : STARL0000061600
 Visit ID : STAROPV67653
 Ref Doctor : Dr.SELF
 Empl/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 12:01PM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	25.00	U/L	16-73	Glycylglycine Kinetic method



DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:SE04639491



TOUCHING LIVES

Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/MR No : STAR.0000061600
 Visit ID : STAROPV67653
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 12:08PM
 Reported : 24/Feb/2024 03:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRIHODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.87-1.81	ELFA
THYROXINE (T4, TOTAL)	7.84	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.280	µIU/mL	0.25-5.0	ELFA


Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

Page 11 of 13

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No: SPL24031299

TOUCHING LIVES

Patient Name : Mr.NAVIN CHANDRA THAKUR
 Age/Gender : 52 Y 6 M 19 D/M
 UHID/MR No : STAR.0000051600
 Visit ID : STAROPV67653
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 12:06PM
 Reported : 24/Feb/2024 05:06PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (IPSA) , SERUM	0.580	ng/mL	0-4	ELFA




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SEN No: SPL24031299

Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR_0000061600	Reported : 24/Feb/2024 03:26PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	

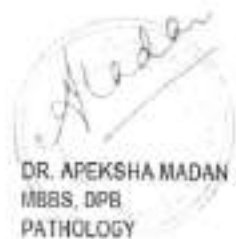
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	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 13 of 13

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:UR2289801

THAKUR, NAVIN
ID: 006061600

24 Feb 2024
11:32:16

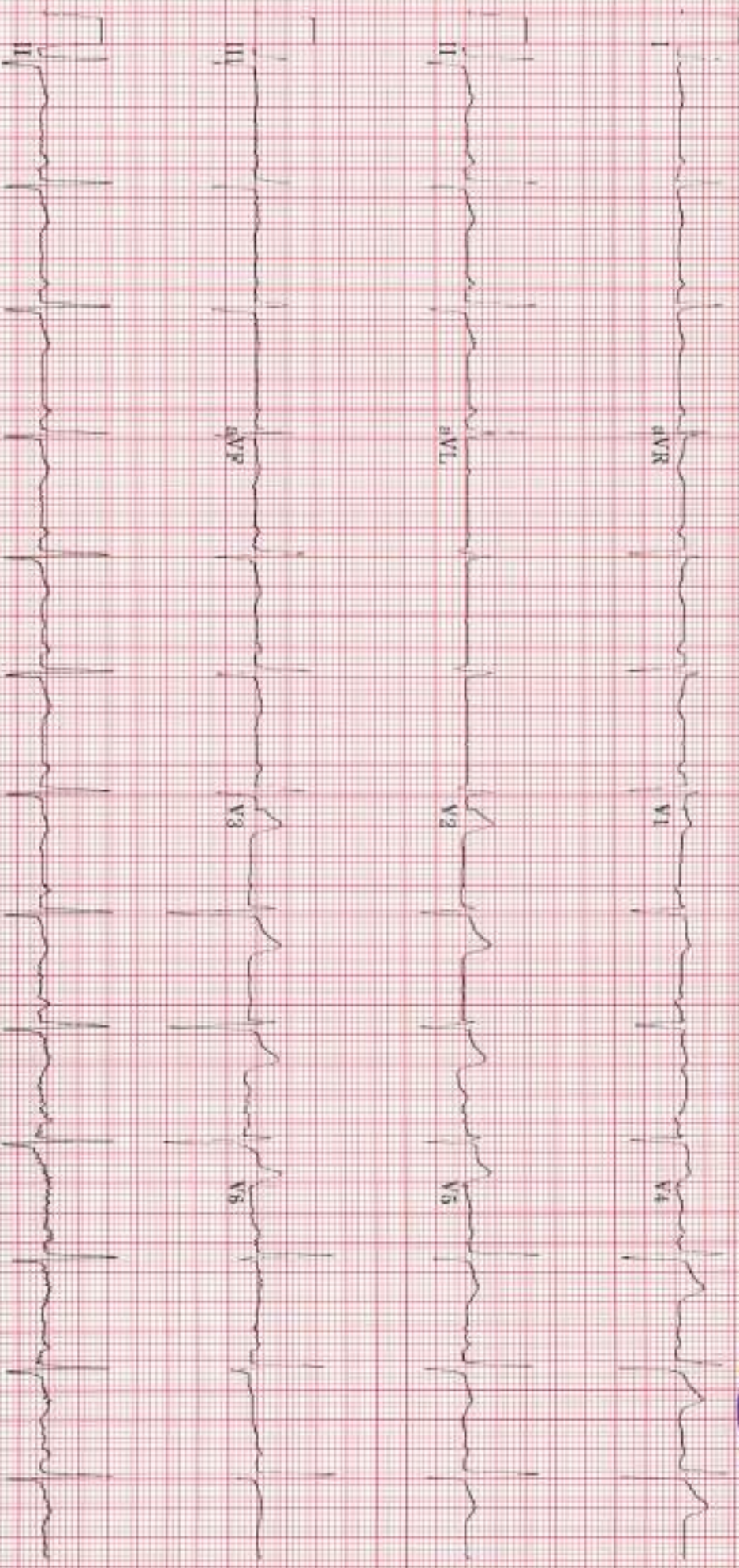
77bpm
BP: 150/80

PRETEST
SUPINE
0.20

BRUCK
25 mm/s
5 mm

Normal Sinus Rhythm

Dr. (Mrs.) CHHAYA P. VAJA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 56952



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46
4 by 2.5s + 1 rhythm Id
MNC55-009C

Patient Name	: Mr. Navin Chandra Thakur	Age	: 52 Y M
UHID	: STAR.0000061600	OP Visit No	: STAROPV67653
Reported on	: 24-02-2024 11:49	Printed on	: 24-02-2024 11:49
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:24-02-2024 11:49

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MR.NAVIN THAKUR
Ref. By : HEALTH CHECK UP

Date : 24-02-2024
Age : 52 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.7 x 5.5 cms and the **LEFT KIDNEY** measures 10.3x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


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

PROSTATE : The prostate measures 3.0 x 2.7 x 2.5 cms and weighs 10.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.


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

EYE REPORT

Name: Mr. Navin Chandra Thakur

Date: 26/02/2024

Age / Sex: 52y / M

Ref No.:

Complaint: No acute dx
No M/O SB/PA

Examination

Spectacle Rx: U_r L^{5/6} 6/6_p

Near U_r & P6

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

Remarks: Color U_r & near

Medications: As for

Trade Name	Frequency	Duration

Follow up: 1 week & near

Consultant:



DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

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

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

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

FOOD ALLOWED

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

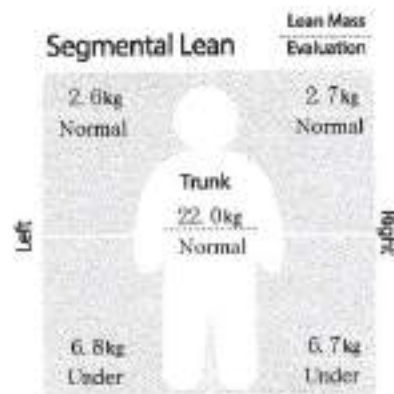
ID 0 *Navio Thakve* | Height 157cm | Date 24. 2. 2024 | APOLLO SPECTRA HOSPITAL
 Age 52 | Gender Male | Time 09:03:32

Body Composition

	Under	Normal	Over	Normal Range
Weight	69.2 kg			46.1 ~ 62.4
Muscle Mass <small>Skeletal Muscle Mass</small>	24.6 kg			22.9 ~ 27.9
Body Fat Mass	25.1 kg			6.5 ~ 13.0
TBW <small>Total Body Water</small>	32.4 kg (30.5 ~ 37.3)		FFM <small>Fat Free Mass</small>	44.1 kg (39.6 ~ 49.3)
Protein	8.9 kg (8.2 ~ 10.0)		Mineral*	2.84 kg (2.82 ~ 3.45)

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	28.1	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	36.3	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	0.97	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1322	1513 ~ 1768

Nutritional Evaluation

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

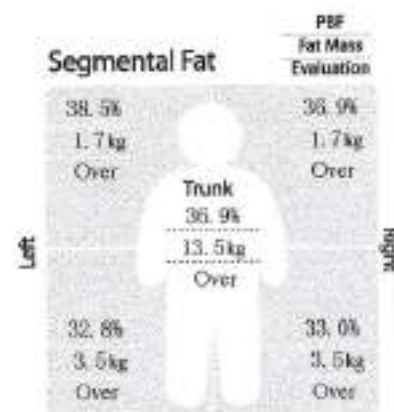
Weight Management

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

Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" 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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 2.0 kg	Fat Control	- 17.0 kg	Fitness Score	61
----------------	----------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	301.2	321.7	29.3	273.4	269.7
100kHz	265.6	281.5	25.1	239.2	237.8

* 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: 69.2 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
138	242	208	242	226	242	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
156	208	242	346	131	156	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope Jumping	Golf	
346	346	346	208	242	122	
Push-ups <small>development of upper body</small>	Sit-ups <small>abdominal muscle training</small>	Weight training <small>balance prevention</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

1400 kcal

* Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4 weeks ÷ 7700**

Patient Name : Mr. Navin Chandra Thakur

Age/Gender : 52 Y/M

UHID/MR No. : STAR.0000061600

OP Visit No : STAROPV67653

Sample Collected on :

Reported on : 24-02-2024 11:49

LRN# : RAD2246295

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 51995

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

Patient Name	: Mr. Navin Chandra Thakur	Age/Gender	: 52 Y/M
UHID/MR No.	: STAR.0000061600	OP Visit No	: STAROPV67653
Sample Collected on	:	Reported on	: 24-02-2024 11:20
LRN#	: RAD2246295	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 51995		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.7 x 5.5 cms and the **LEFT KIDNEY** measures 10.3x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

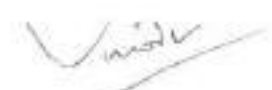
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.0 x 2.7 x 2.5 cms and weighs 10.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY : The urinary bladder is well distended and is normal in shape and contour.

BLADDER No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

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



Dr. VINOD SHETTY
Radiology

Patient Name : Mr.NAVIN CHANDRA THAKUR
Age/Gender : 52 Y 6 M 19 D/M
UHID/MR No : STAR.0000061600
Visit ID : STAROPV67653
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:04PM
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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240047656

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:

190, Park Road, 5th Floor, Behind Everest Building,
Tandri Junction Central, Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 11:02AM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 01:04PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	


DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	43.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82	fL	83-101	Calculated
MCH	25.2	pg	27-32	Calculated
MCHC	30.7	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,330	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	27	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4617.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1979.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	219.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	513.1	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.33		0.78- 3.53	Calculated
PLATELET COUNT	223000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240047656

Patient Name : Mr.NAVIN CHANDRA THAKUR
Age/Gender : 52 Y 6 M 19 D/M
UHID/MR No : STAR.0000061600
Visit ID : STAROPV67653
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
Received : 24/Feb/2024 11:02AM
Reported : 24/Feb/2024 01:04PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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


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Collected : 24/Feb/2024 08:23AM
 Received : 24/Feb/2024 11:02AM
 Reported : 24/Feb/2024 01:54PM
 Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	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

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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 02:16PM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 04:37PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 05:27PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	119	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:

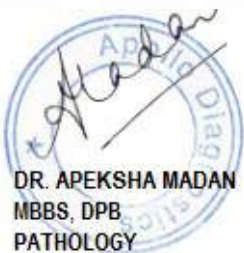
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	206	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
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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 09:38PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	7.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
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UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 04:37PM
Visit ID : STAROPV67653	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	179	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	180	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	138	mg/dL	<130	Calculated
LDL CHOLESTEROL	102	mg/dL	<100	Calculated
VLDL CHOLESTEROL	36	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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



SIN No:BI18462118

Patient Name : Mr.NAVIN CHANDRA THAKUR
Age/Gender : 52 Y 6 M 19 D/M
UHID/MR No : STAR.0000061600
Visit ID : STAROPV67653
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 51995

Collected : 24/Feb/2024 08:23AM
Received : 24/Feb/2024 12:01PM
Reported : 24/Feb/2024 05:05PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	69.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.93		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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PATHOLOGY



SIN No:SE04639491

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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 12:01PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 05:05PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	24.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	25.00	U/L	16-73	Glycylglycine Kinetic method

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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 12:08PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 03:26PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.84	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.280	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



DR. APEKSHA MADAN
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SIN No:SPL24031299

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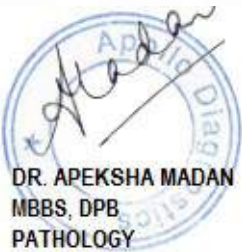
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Patient Name : Mr.NAVIN CHANDRA THAKUR	Collected : 24/Feb/2024 08:23AM
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UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 05:08PM
Visit ID : STAROPV67653	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.580	ng/mL	0-4	ELFA



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Age/Gender : 52 Y 6 M 19 D/M	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000061600	Reported : 24/Feb/2024 03:26PM
Visit ID : STAROPV67653	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 51995	


DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	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 13 of 13



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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