

Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
 Age/Gender : 61 Y 2 M 26 D/M
 UHID/MR No : SCHE.0000088387
 Visit ID : SCHEOPV106292
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 39E1109

Collected : 26/Sep/2024 09:19AM
 Received : 26/Sep/2024 10:47AM
 Reported : 26/Sep/2024 01:13PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4440	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2516	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148	Cells/cu.mm	20-500	Calculated
MONOCYTES	296	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				



DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:BED240232270



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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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.

- 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)



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SIN No:EDT240091544

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	93	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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.

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


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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	29.53	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	23.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.91	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.412	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

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SIN No:SPL24141298

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

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



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.140	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	1-2	/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 ***

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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

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.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2413944



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,
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Deonar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

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5

Name : Mr. Virendra Kumar Khandelwal	Age : 61 Y	UHID :SCHE.0000088387
Address : vikhroli	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHEOPV106292
		Bill No :SCHE-OCR-25004
		Date : 26.09.2024 09:05

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
✓1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
✓2	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
✓3	2 D ECHO	
✓4	LIVER FUNCTION TEST (LFT)	
✓5	GLUCOSE, FASTING	
✓6	HEMOGRAM + PERIPHERAL SMEAR	
•7	DIET CONSULTATION	
✓8	COMPLETE URINE EXAMINATION	
✓9	URINE GLUCOSE(POST PRANDIAL)	
✓10	PERIPHERAL SMEAR	
✓11	ECG	
✓12	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
•13	DENTAL CONSULTATION	
✓14	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 10.00 / 12.00	
✓15	URINE GLUCOSE(FASTING)	
✓16	HbA1c, GLYCATED HEMOGLOBIN	
✓17	X-RAY CHEST PA	
•18	ENT CONSULTATION Dr. R. N. G. M. B. S.	
✓19	FITNESS BY GENERAL PHYSICIAN	
✓20	BLOOD GROUP ABO AND RH FACTOR	
✓21	LIPID PROFILE	
✓22	BODY MASS INDEX (BMI)	
•23	OPHTHAL BY GENERAL PHYSICIAN	
✓24	ULTRASOUND - WHOLE ABDOMEN	
✓25	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
Age/Gender : 61 Y 2 M 26 D/M
UHID/MR No : SCHE.0000088387
Visit ID : SCHEOPV106292
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39E1109

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.48	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93	fL	83-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4440	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2516	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	148	Cells/cu.mm	20-500	Calculated
MONOCYTES	296	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.76		0.78- 3.53	Calculated
PLATELET COUNT	293000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

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


DR. APARNA NAIK
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SIN No:BED240232270

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Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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:

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	96	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.


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Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
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Collected : 26/Sep/2024 09:19AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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.

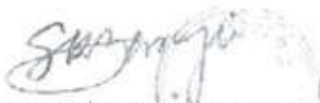
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT240091544



Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	178	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	93	mg/dL	<150	
HDL CHOLESTEROL	33	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	145	mg/dL	<130	Calculated
LDL CHOLESTEROL	126.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.09		<0.11	Calculated

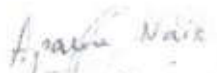
Comment:

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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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SIN No:SE04829454



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		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:

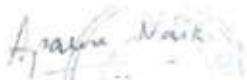
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. 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.


 DR. APARNA NAIK
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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

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DR. APARNA NAIK
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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.88	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	29.53	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.11		0.9-2.0	Calculated



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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)	0.91	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	11.35	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.412	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



Dr. Sandip Kumar Banerjee
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

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



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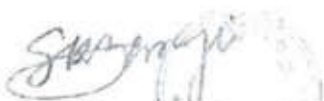
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.140	ng/mL	0-4	CLIA

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

SIN No:SPL24141298

Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
 Age/Gender : 61 Y 2 M 26 D/M
 UHID/MR No : SCHE.0000088387
 Visit ID : SCHEOPV106292
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 39E1109

Collected : 26/Sep/2024 09:19AM
 Received : 26/Sep/2024 12:25PM
 Reported : 26/Sep/2024 01:14PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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	1-2	/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:UR2413944



Patient Name : Mr.VIRENDRA KUMAR KHANDELWAL
Age/Gender : 61 Y 2 M 26 D/M
UHID/MR No : SCHE.0000088387
Visit ID : SCHEOPV106292
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 39E1109

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DEPARTMENT OF CLINICAL PATHOLOGY

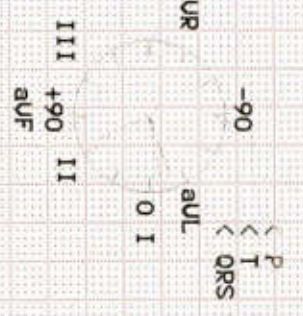
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Page 15 of 15


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:UR2413944



AGE: 61
 ORS : 100 ms
 QT/QTc : 392 / 429 ms
 PR : 148 ms
 P : 96 ms
 PR/PP : 836 / 835 ms
 P/QRS/T : -10 / -20 / 65 degrees
 QTd/QTc8D : 56 / 61 ms
 Sokolow : 1.4 mV
 NK : 10



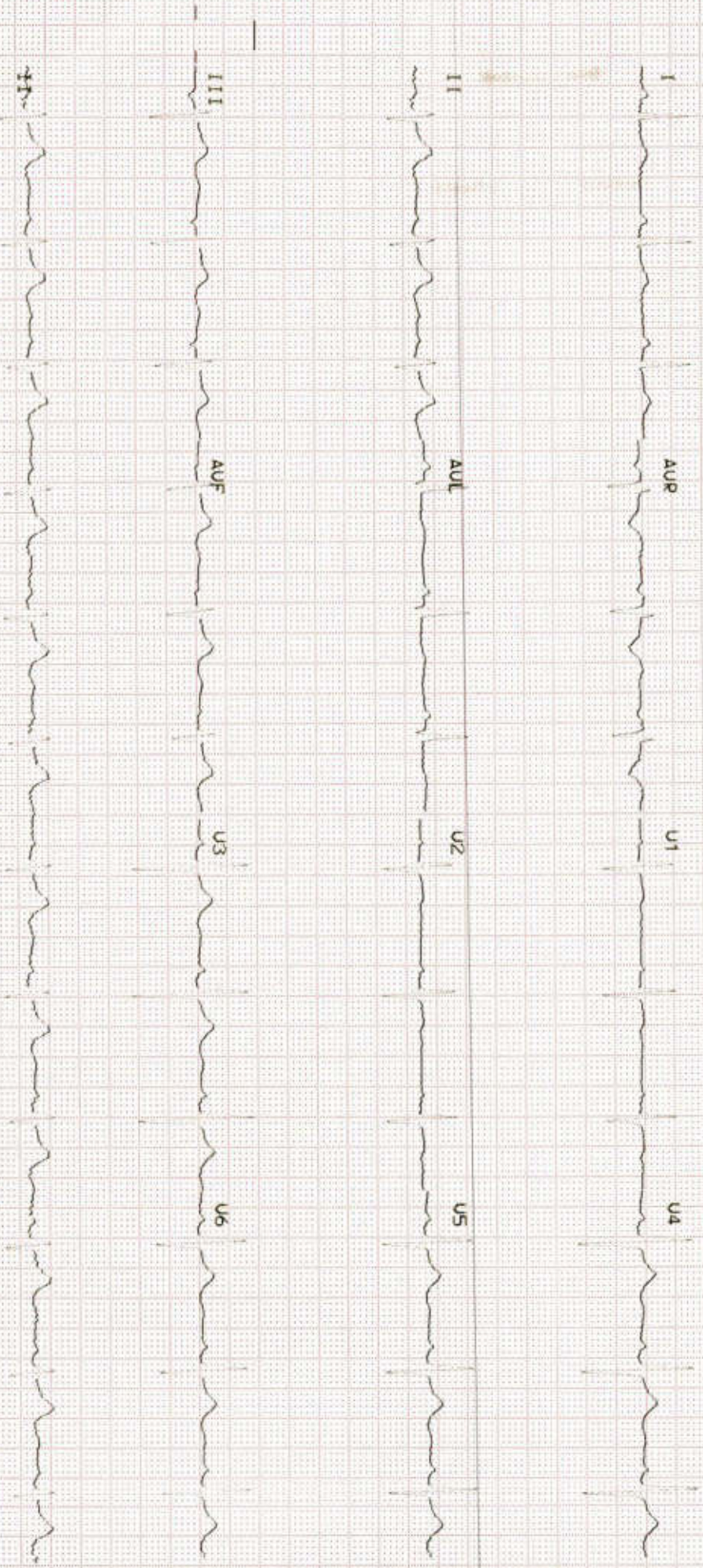
suspected left ventr hypertrophy
 minor left axis deviation
 T-wave near baseline (lateral)
 S waves up to U6
 probably abnormal ECG



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Unconfirmed report.





Patient Name : Mr. Virendra Kumar Khandelwal
UHID : SCHE.0000088387
Reported on : 26-09-2024 13:10
Adm/Consult Doctor :

Age : 61 Y M
OP Visit No : SCHEOPV106292
Printed on : 26-09-2024 13:13
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and **shows increased echogenicity**. No obvious mass seen.
IHBR appear normal.

Gall Bladder : Partially-distended, Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Normal in size, echopattern

Kidneys : Left kidney is normal in size, shape and position.
Corticomedullary differentiation grossly maintained.
No obvious calculus seen.
LK : 12.9 x 5.2 cm.

RK : 14.4 x 8.1 cm. There is gross hydronephrosis with paper thinning of renal cortex
average cortical thickening measures 5mm .

No obvious mass/collection seen at the time of scan.
No fluid seen in the peritoneal cavity.

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

Prostate: appears normal in size and echotexture. (Volume- 19cc).



Patient Name : Mr. Virendra Kumar Khandelwal
UHID : SCHE.0000088387
Reported on : 26-09-2024 13:10
Adm/Consult Doctor :

Age : 61 Y M
OP Visit No : SCHEOPV106292
Printed on : 26-09-2024 13:13
Ref Doctor : SELF

IMPRESSION:

- GROSS HYDRONEPHROSIS OF RIGHT KIDNEY POSSIBLE DUE TO DISTAL OBSTRUCTION / PUJ OBSTRUCTION .
- GRADE II FATTY LIVER .

Printed on:26-09-2024 13:10

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name	: Mr. Virendra Kumar Khandelwal	Age	: 61 Y M
UHID	: SCHE.0000088387	OP Visit No	: SCHEOPV106292
Reported on	: 26-09-2024 13:32	Printed on	: 26-09-2024 13:33
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:26-09-2024 13:32

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Virendra Khandelwal
Age / Sex : 61 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -OCR-25004
UHID NO : SCHE.0000088387
Report Date : 26 / 09 / 2024

2 - D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 60%). E/O GRADE I DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. E/O CONCENTRIC LV HYPERTROPHY.
3. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
4. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
5. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
6. 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.

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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) : 33	LA (mm) : 33
IVSd (mm) : 16	LVIDd (mm) : 43
IVSs (mm) : 20	LVIDs (mm) : 18
LVPWd (mm) : 15	LVPWs (mm) : 19
EF(Teich)(mm) : 60%	

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

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 : 29/9/24
MRNO : 23387
Name :- Mr. V. Venkatesh K.
Age / Gender : 61 (m)
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>158/92</u>	Resp : <u>18</u>	Temp : <u>97.6° F</u>
Weight : <u>85.5</u>	Height : <u>168</u>	BMI : <u>30.3</u>	Waist Circum : <u>111/106</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

chest :- 104/106
SpO2 :- 98%

• HSN, Repeat H.

• HTN / Dyslipidemia

• High B.P

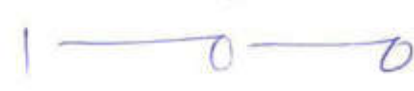
• Fatty Liver

Ru

Rx

In D

① 7 Repeat H (50)



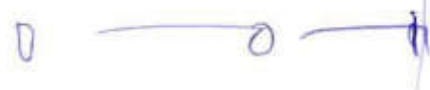
• USG Hydro-nephrosis (2)

7 Nexonan (10)



• 20kru : LVH

(2) 7 Rosuvastatin (10)



To Cont.

Follow up date:

AS
Doctor Signature



OUT-PATIENT RECORD

Date : 26.09.2024.
MRNO : _____
Name :- VIRENDEA KUMAR KHANDELWAL
Age / Gender : 61 yr / M.
Mobile No:- _____

Department : **Consultant ENT Surgeon**
Consultant **Dr. Roshni Nambiar**
Reg. No : 2006/02/1129
Qualification : M.B.B.S., DNB. Othorhinolaryngology

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

General Examination / Allergies History

Routine medical
H/O recurrent
phlegm in throat
H/O recurrent sinus
infections in past.
Antial fracture done
~ 45 yrs ago.
H/O snoring (+)
Has noticed hearing
loss x 1 year.
K/O H/O on E.

Clinical Diagnosis & Management Plan

O/E
EARS (R) (L)
EAC clear impacted hard
TM intact wax.
WNL
Rinne (+) (+)
Mewer ↔
NOSE - / mucosa WNL
throat narrow oropharynx
NECK ENLARG - NAD.

Rx RYALTRIS- AZ 2-0-0 x 10 days.
(Mometasone + Azelastine)

NASOCLEAR saline nasal drops
(isotonic saline) 2° - 2° - 2° - 2° x 10 days

Adequate hydration

Follow up date:

(PTD)

Doctor Signature



OUT- PATIENT RECORD

Date : 26.9.24
 MRNO : _____
 Name :- Mr. Virendra K. Khandekar
 Age / Gender : 61 yrs / M.
 Mobile No:- _____

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

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

General Examination / Allergies History

H/O HTN +ve

Clinical Diagnosis & Management Plan

for me.
 of E → c' clear → Normal.

 NRL
 BE BNSC.

V A R 6/36
 L 6/36

V A R 6/6
 L 6/6
 EP.G.

V R N/5
 A L N/5

1) Ocupol ed. Hs.
 BE x 7 day

2) F:U. x 7 day

Follow up date:

Doctor Signature



Date :- 26/09/24

Phone :- 98 25 75 32 50

Apollo Spectra
HOSPITALS
Specialists in Surge

Patient Name :- Virendra Kumar Khandelwal

Address :- G1

Age :- Vikhroli



Chief complaint :-

Patient complains of food lodgment on right lower back teeth region.

Medical History - Pt. is ^{on} hypertensive medication (Repasertol -)

BP - (140/110) for last 10 yrs.
(last week)

Intraoral Findings:-

- Disto proximal caries w.r.t $\frac{6}{6}$

- cervical abrasion w.r.t

- mesio angular $\frac{8}{-}$

$\left. \begin{array}{l} - 7500/- = 7500/- \\ - 8000/- \end{array} \right\} \times 1000 = 80000/-$

- Discount 10% 13950

Rx advised:-

- Oral prophylaxis.

- RCT $\frac{6}{6}$

- Extrⁿ $\frac{8}{-}$

- fillings $\frac{54}{4} | 23456$

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WWW
help@uidai.gov.in
www.uidai.gov.in
1800 300 1947



Address:
S/O: Badri Prasad Gupta, C-3/250, Chitrakoot Scheme, Vaisnahi Nagar, Amer Road, Jaipur, Jaipur, Rajasthan - 302021

संज्ञा :
प्राधिकारित व्यक्ति का नाम :
क.स. 31-3/250, चित्रकूट स्कीम,
वैशनाही नगर, अमेर रोड, जयपुर,
जयपुर, राजस्थान - 302021

भारत सरकार
भारतीय पहचान कार्ड प्राधिकरण
INDIA



भारतीय पहचान कार्ड प्राधिकरण



6797 7895 4619

पुरुष / MALE
विरेंद्र कुमार खान्देशी
विवरण / DOB: 30/06/1963



भारतीय पहचान कार्ड प्राधिकरण



Ccf Team

From: noreply@apolloclinics.info
Sent: 25 September 2024 15:00
To: virendra_khandelwal1963@yahoo.co.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com; foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Mr KHANDELWAL VIRENDRA KUMAR,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR clinic** on **2024-09-26** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Instructions to be followed for a health check:

Patient Name	: Mr. Virendra Kumar Khandelwal	Age/Gender	: 61 Y/M
UHID/MR No.	: SCHE.0000088387	OP Visit No	: SCHEOPV106292
Sample Collected on	:	Reported on	: 26-09-2024 13:33
LRN#	: RAD2420001	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 39E1109		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

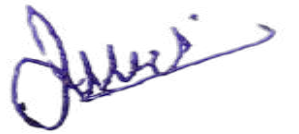
Both costophrenic and cardiophrenic angles are clear .

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

Patient Name	: Mr. Virendra Kumar Khandelwal	Age/Gender	: 61 Y/M
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DEPARTMENT OF RADIOLOGY

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RK : 14.4 x 8.1 cm. There is gross hydronephrosis with paper thinning of renal cortex average cortical thickening measures 5mm .

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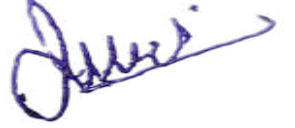
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IMPRESSION:

- **GROSS HYDRONEPHROSIS OF RIGHT KIDNEY POSSIBLE DUE TO DISTAL OBSTRUCTION / PUJ OBSTRUCTION .**
- **GRADE II FATTY LIVER .**

Patient Name : Mr. Virendra Kumar Khandelwal

Age/Gender : 61 Y/M



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology