

Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 10:42AM
UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 01:07PM
Visit ID : STAROPV62428	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619346043	

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically



SIN No:BED230203889

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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.7	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.7	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,440	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	32	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4464	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2380.8	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	148.8	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	446.4	Cells/cu.mm	200-1000	Electrical Impedence

PLATELET COUNT	264000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

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DEPARTMENT OF HAEMATOLOGY

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

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



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Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 01:12PM
Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 01:39PM
UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 02:25PM
Visit ID : STAROPV62428	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9619346043	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 03:26PM
UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 05:10PM
Visit ID : STAROPV62428	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230078599

Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
Age/Gender	: 39 Y 6 M 2 D/M	Received	: 26/Aug/2023 10:29AM
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DEPARTMENT OF BIOCHEMISTRY

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	122	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	
HDL CHOLESTEROL	28	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.36		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04463200

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	78.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.09		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.98	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method



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Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 10:15AM
UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 11:47AM
Visit ID : STAROPV62428	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.85	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.180	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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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



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Visit ID : STAROPV62428	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.


*** End Of Report ***

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY


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



Specialists in Surgery

OUT- PATIENT RECORD

Date : 26/8/23
MRNO : 58233
Name : Yogesh Ajgaonkar
Age/Gender : 39y/M
Mobile No :
Passport No :
Aadhar number : 9619346043

Pulse : 86	B.P : 120/80	Resp : 22	Temp : (N)
Weight : 68.2	Height : 171	BMI : 23.3	Waist Circum : 82 CM

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Unmarried, Vegetarian
Sleep: Normal B/B Normal
No addiction
Moderately Active
Allergic to Sulpha group of drugs.
FH: Mother: DM/HFD
Father: As asthma.
HbL ↓ UA ↑
① Morning walk us mandatory
② Avoid Tur/chanadal / High probiotics diet
③ Repeat Lipid / UA after 2 months.

Follow up date:

Dr. (Mrs.) CHHAYA P. VAJA
M. D. (MUM)
Physician & Cardiologist
Reg. No. 56842

Doctor Signature

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500098.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



EYE REPORT

Name: *Yogesh Nigamkar*

Date: *26/08/2023*

Age / Sex: *39 yr / M*

Ref No.:

Complaint: *cto 200 near in occ*

Examination: *No n/o SF / ~~SLA~~*
n/o ? SULPHA ALLERGY

Spectacle Rx: *W L 6/6 P 6/6 P* *Near Un & M6*

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

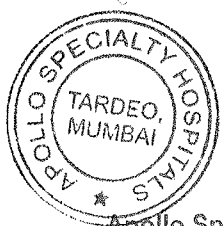
Remarks: *Color U & near*
MS & near

Medications:

Trade Name	Frequency	Duration

Follow up: *Rev. doctor*

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 soups, 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.

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.cbr@apollospectra.com
Cont: 8452884100

TOUCHING LIVES

Patient Name : Mr.YOGESH P AJGAONKAR Age/Gender : 39 Y 6 M 2 D/M UHID/MR No : STAR.0000058233 Visit ID : STAROPV62428 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9619346043	Collected : 26/Aug/2023 09:12AM Received : 26/Aug/2023 10:42AM Reported : 26/Aug/2023 01:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

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



TOUCHING LIVES	Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
	Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 10:42AM
	UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 01:07PM
	Visit ID : STAROPV62428	Status : Final Report
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	Emp/Auth/TPA ID : 9619346043	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.6	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	48.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.7	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.7	fL	83-101	Calculated
MCH	27.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,440	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4464	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2380.8	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	148.8	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	446.4	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	264000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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TOUCH

Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
Age/Gender	: 39 Y 6 M 2 D/M	Received	: 26/Aug/2023 10:42AM
UHID/MR No	: STAR.0000058233	Reported	: 26/Aug/2023 12:23PM
Visit ID	: STAROPV62428	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCH	Patient Name : Mr.YOGESH P AJGAONKAR Age/Gender : 39 Y 6 M 2 D/M UHID/MR No : STAR.0000058233 Visit ID : STAROPV62428 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9619346043	Collected : 26/Aug/2023 01:12PM Received : 26/Aug/2023 01:39PM Reported : 26/Aug/2023 02:25PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	107	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



TOUCH Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
Age/Gender : 39 Y 6 M 2 D/M	Received : 26/Aug/2023 03:26PM
UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 05:10PM
Visit ID : STAROPV62428	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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	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)

Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230078599

TOUCH	Patient Name : Mr.YOGESH P AJGAONKAR Age/Gender : 39 Y 6 M 2 D/M UHID/MR No : STAR.0000058233 Visit ID : STAROPV62428 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9619346043	Collected : 26/Aug/2023 09:12AM Received : 26/Aug/2023 10:29AM Reported : 26/Aug/2023 12:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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TOUCH Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	122	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	69	mg/dL	<150	
HDL CHOLESTEROL	28	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	94	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.36		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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TOUCH	Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	35	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	78.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	2.09		0.9-2.0	Calculated



TOUCH	Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.98	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	16.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	7.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



TOUCHING LIVES	Patient Name : Mr.YOGESH P AJGAONKAR	Collected : 26/Aug/2023 09:12AM
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	UHID/MR No : STAR.0000058233	Reported : 26/Aug/2023 11:50AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	17.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
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UHID/MR No	: STAR.0000058233	Reported	: 26/Aug/2023 11:47AM
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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.85	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.180	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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.

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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



TOUCH LIVES Patient Name : Mr.YOGESH P AJGAONKAR Age/Gender : 39 Y 6 M 2 D/M UHID/MR No : STAR.0000058233 Visit ID : STAROPV62428 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9619346043	Collected : 26/Aug/2023 09:12AM Received : 26/Aug/2023 12:58PM Reported : 26/Aug/2023 02:10PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		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	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

- Biochemical Examination of urine sample was performed by reflectance photometry and confirmed by alternative methods.
- The samples are assessed for integrity and adequacy before processing.


*** End Of Report ***

Patient Name	: Mr.YOGESH P AJGAONKAR	Collected	: 26/Aug/2023 09:12AM
Age/Gender	: 39 Y 6 M 2 D/M	Received	: 26/Aug/2023 12:58PM
UHID/MR No	: STAR.0000058233	Reported	: 26/Aug/2023 02:10PM
Visit ID	: STAROPV62428	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9619346043		


DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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



ID 0
Age 39

Yogesh

Height 171cm
Gender Male

Date 26. 8. 2023
Time 09:30:12

APOLLO SPECTRA HOSPITAL

Body Composition

	Normal	Over	Under	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	68.2 kg		54.7 ~ 74.0
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	26.7 kg		27.4 ~ 33.5
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220	20.2 kg		7.7 ~ 15.1
TBW Total Body Water	35.2 kg (36.2 ~ 44.2)		FFM Fat Free Mass	48.0 kg (47.0 ~ 58.5)
Protein	9.5 kg (9.7 ~ 11.8)		Mineral*	3.28 kg (3.35 ~ 4.09)

*Mineral is estimated.

Segmental Lean

	Lean Mass Evaluation
2.6kg Under	2.5kg Under
Trunk 22.2kg Under	
7.9kg Normal	7.9kg Normal

Obesity Diagnosis

		Normal Range
BMI Body Mass Index (kg/m ²)	23.3	18.5 ~ 25.0
PBF Percent Body Fat (%)	29.6	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.93	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1407	1497 ~ 1747

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Segmental Fat

	PBF Fat Mass Evaluation
31.7%	32.5%
1.3kg Over	1.3kg Over
Trunk 30.8%	
10.5kg Over	
26.3%	26.6%
3.0kg Over	3.0kg Over

*Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control 6.7kg Fat Control 10.5kg Fitness Score 63

Impedance

Z	RA	LA	TR	RL	LL
20kHz	374.9	364.1	314.5	293.9	289.3
100kHz	335.0	326.6	274.1	260.3	259.2

with your physician or fitness trainer.

Exercise Planner

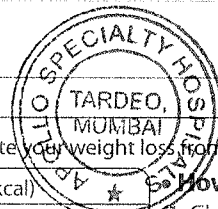
Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 68.2 kg / Duration: 30min. / unit: kcal)

Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic
136	239	205	239	222	239
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
151	205	239	311	130	151
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf
311	311	311	205	239	120
Weight lifting	Dumbbell	Elastic			

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.



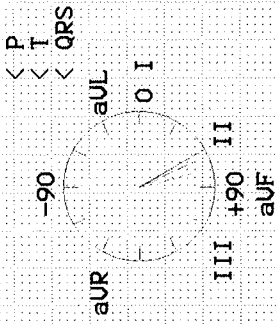
Yogesh Ajankar

Measurement Results:

QRS : 100 ms
 QT/QTcB : 380 / 403 ms
 PR : 142 ms
 P : 106 ms
 RR/PP : 888 / 890 ms
 P/QRS/T : 75/ 60/ 65 degrees
 QT/QTcBD : 48 / 51 ms
 Sokolow : 1.9 mV
 NK : 9

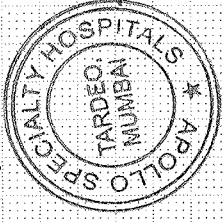
Interpretation:

normal ECG

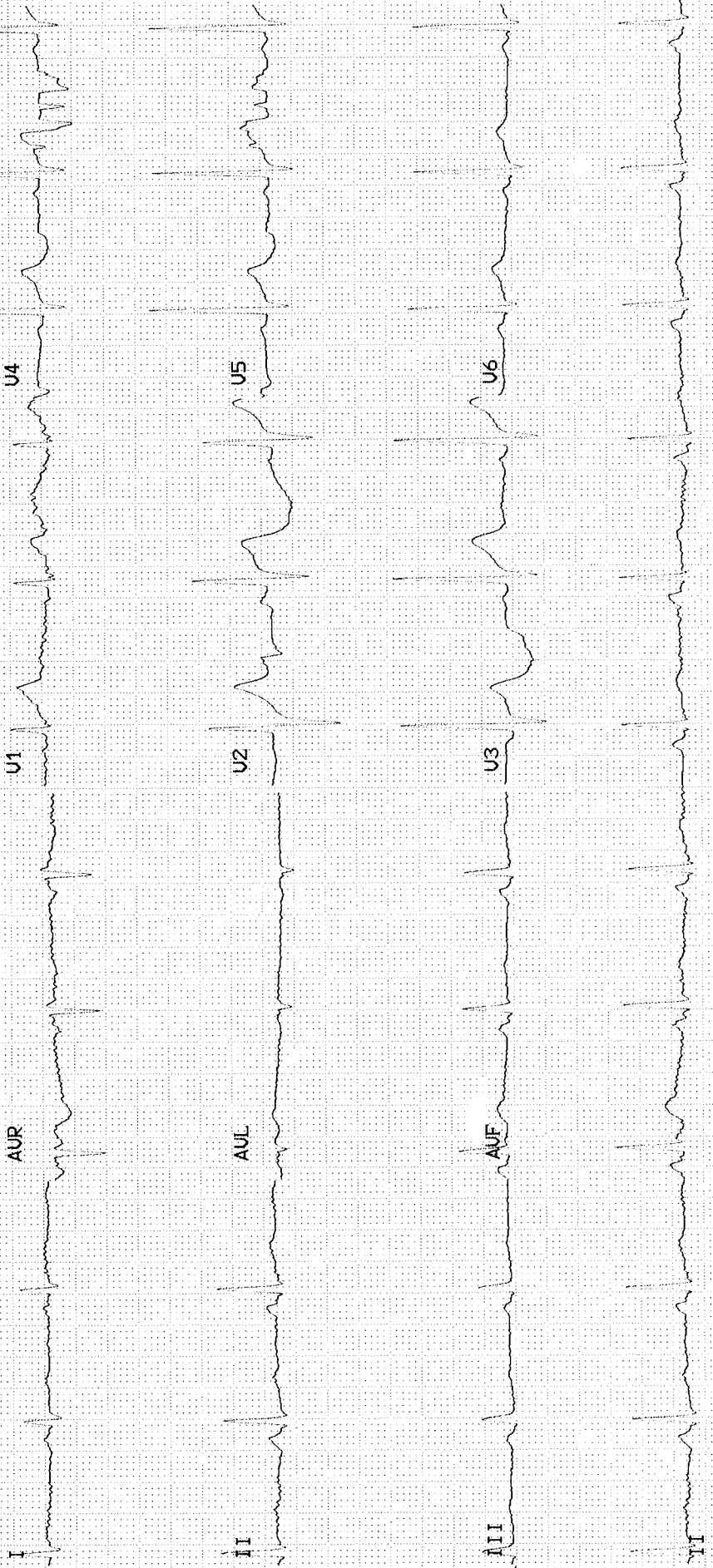


Dr. (Mrs.) CHHAYA P. VAJA
 M. D. (MUM)
 Physician & Cardiologist
 Reg. No. 56842

Within Normal limits



Unconfirmed report.



Specialists in Surgery

Patient Name : MR.YOGESH AJGAONKAR
Ref. By : HEALTH CHECK UP

Date : 26-08-2023
Age : 39 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size & shows relatively generalized increase in echogenicity - Suggestive of fatty changes. 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 9.5 x 3.9 cms and the **LEFT KIDNEY** measures 9.20 x 4.80 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 3.7 x 3.3 x 2.5 cms and weighs 16.79 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 generalized fatty changes of the Liver.

No other significant abnormality is detected.


DR.VIJAY C CHAWDA
MD, D.M.R.D.
CONSULTANT SONOLOGIST



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Specialists in Surgery

Patient Name	: Mr. Yogesh P Ajgaonkar	Age	: 39 Y M
UHID	: STAR.0000058233	OP Visit No	: STAROPV62428
Reported on	: 26-08-2023 15:17	Printed on	: 26-08-2023 15:18
Adm/Consult Doctor	:	Ref Doctor	: SELF

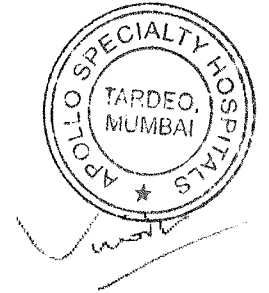
DEPARTMENT OF RADIOLOGY

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:26-08-2023 15:17

---End of the Report---

Dr. VINOD SHETTY
Radiology

Specialists in Surgery

Name : Mr.Yogesh Ajgaonkar
Age : 39 Year(s)

Date : 26/08/2023
Sex : Male
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.



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

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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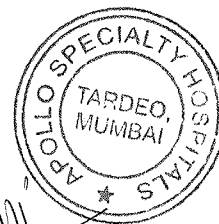
BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Name : Mr.Yogesh Ajgaonkar
Age : 39 Year(s)

Date : 26/08/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	140mm/sec
EPSS	07mm
LA	28mm
AO	28mm
LVID (d)	44mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



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

Patient Name	: Mr. Yogesh P Ajgaonkar	Age/Gender	: 39 Y/M
UHID/MR No.	: STAR.0000058233	OP Visit No	: STAROPV62428
Sample Collected on	:	Reported on	: 26-08-2023 15:17
LRN#	: RAD2082762	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9619346043		

DEPARTMENT OF RADIOLOGY

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No obvious abnormality seen.



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. Yogesh P Ajgaonkar	Age/Gender	: 39 Y/M
UHID/MR No.	: STAR.0000058233	OP Visit No	: STAROPV62428
Sample Collected on	:	Reported on	: 26-08-2023 15:10
LRN#	: RAD2082762	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9619346043		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size & shows relatively generalized increase in echogenicity - Suggestive of fatty changes. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

Dr. CHAWDA VIJAY CHATURBHAI
M.B.B.S;MD (Radiology); D.M.R.D
Radiology