

Apollo Health Check

Name: Rakesh Kumar Soni UHID: 42290 Date: 15/03/2023
Date of Birth: 30/06/1988 Age: 34 yrs Sex: Male
Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Male -

2D Echo

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 156 cm Weight: 67.1 kg Pulse: 72 /min
BP: 122/90 mmHg BMI: 27.61

Physician Consultation

Chief Complaints: Generalized Bodyache

History: **Past History:** Known case of Epilepsy on medication,
History of Hepatitis B 2 years back

Family History: Diabetes Mellitus & IHD in Father and
Hypertension in Mother

Addiction: Nil **Allergies:** Dust **Exercise:** Regular

Systemic Review: NAD


Impression: Clinically normal with Gall bladder calculus with Diabetes
Mellitus (freshly detected)

Recommendation: Medication Attached, Follow up with FBS/PP2bS in 15 days ? sos
Advice surgeon reference

ENT Consultation

No ENT complains.

On Examination: Ear, Nose, Throat – NAD



Dr. Mayur Patel
MD - Physician

Apollo Health Check


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2D Echo

Medical Summary

Dental Consultation

On Examination: Grossly caries 16, C1 - I 6

Advice: RCT + Cap 16, Cement 6



Dr. Enosh Steward
Consultant - Dentist

Vision Check (Without Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

Doctor Rajin Patel Date 15/3/23

Patient Name Rishabh Age 34 Sex M

By

T. Istumet (50/500)

1  - (30)
After

T. MED3 (100 - 15)



Next appointment on:

Doctor's Signature

Patient Name :	Mr. RAKESH KUMAR SONI	Age / Gender :	34Y/Male
UHID/MR No. :	FVAD.0000042290	OP Visit No :	FVADOPV22425
Visit Date :	15-03-2023 09:02	Reported on :	15-03-2023 10:52
Sample Collected on :	15-03-2023 10:07	Specimen :	Whole Blood (Edta)
Ref Doctor :	SELF	Pres Doctor:	:
Emp/Auth/TPA ID :	AHC		
Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HAEMOGRAM			
HAEMOGLOBIN Method: Non Cyanide,Sls Based	14.0	13 - 17	gm/dl
RBC COUNT Method: Electrical Impedence	5.08	4.5 - 5.5	Mill/Cumm
HEMATOCRIT(PCV) Method: Cumulative Pulse	43.7	40 - 50	%
MCV Method: Calculated	86.0	83 - 101	fl
MCH Method: Calculated	27.6	27 - 32	pg
MCHC Method: Calculated	32.0	31.5 - 34.5	%
RDW	13.0	11.6 - 14	%
TOTAL WBC COUNT Method: Electrical Impedence	7700		/cumm
NEUTROPHIL Method: Microscopy	42	40 - 80	%
LYMPHOCYTE Method: Microscopy	48*	20 - 40	%
EOSINOPHIL Method: Microscopy	05	1 - 6	%
MONOCYTE	05		%
BASOPHIL Method: Microscopy	00	<1 - 2	%
PLATELET COUNT Method: Electrical Impedence	236000	150000 - 400000	/cumm
ESR Method: Auto	10	0 - 20	mm/hr
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	B POSITIVE		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017


Dr. Gopi Davara

Patient Name : Mr. RAKESH KUMAR SONI	Age / Gender : 34Y/Male
UHID/MR No. : FVAD.0000042290	OP Visit No : FVADOPV22425
Visit Date : 15-03-2023 09:02	Reported on : 15-03-2023 13:28
Sample Collected on : 15-03-2023 10:07	Specimen : Serum
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : AHC	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE TEST (PACKAGE)			
HDL	58	30 - 70	mg/dl
VLDL	34.4	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	3.24	0 - 4.5	
Method: Calculated			
CHOLESTEROL	188	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	95.6	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	172	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	1.64*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	1.07	0.5-1.5	mg/dl
Method: Jaffe			
Urea	28	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	6.0	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.72	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.35	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	7.57	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.98	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.10	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	22		U/I
Method: IFCC			
ALKA-PHOS	152		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.37	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	18	0 - 40	U/L
Method: Daizo			
GGT.	17	10 - 50	U/L

Patient Name	: Mr. RAKESH KUMAR SONI	Age / Gender	: 34Y/Male
UHID/MR No.	: FVAD.0000042290	OP Visit No	: FVADOPV22425
Visit Date	: 15-03-2023 09:02	Reported on	: 15-03-2023 13:28
Sample Collected on	: 15-03-2023 10:07	Specimen	: Serum
Ref Doctor	: SELF	Pres Doctor:	
Emp/Auth/TPA ID	: AHC		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: SZAZ

GLOBULIN. Method: Calculated.	3.59	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	213*	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	232*	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017



Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar	+
Post Prandial Urine Sugar	+++

Patient Name : Mr. RAKESH KUMAR SONI	Age / Gender : 34Y/Male
UHID/MR No. : FVAD.0000042290	OP Visit No : FVADOPV22425
Visit Date : 15-03-2023 09:02	Reported on : 15-03-2023 10:39
Sample Collected on : 15-03-2023 10:07	Specimen : Urine
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : AHC	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
<u>Urine Routine And Microscopy</u>	

PHYSICAL EXAMINATION:

Volume of urine	25Millilitre
Colour	Yellow
Specific Gravity	1.025
Deposit	Absent
Appearance	Clear
pH	6.0

Chemical Examination

Protein	Nil
Sugar	+
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)

Microscopic Examination

Pus Cell	2-3/hpf
Red Blood Cells	Nil
Epithelial Cells	3-4/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017


Dr. Gopi Davara
MBBS DCP



TEST REPORT

Reg. No. : 30301008285 Reg. Date : 15-Mar-2023 12:01 Collected On : 15-Mar-2023 12:01
 Name : Mr. RAKESHKUMAR SONI Approved On : 15-Mar-2023 13:19
 Age : 34 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
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HEMOGLOBIN A1C

HbA1c <i>Method:HPLC</i>	13.0	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
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Mean Blood Glucose <i>Method:Calculated</i>	326	mg/dL	
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Sample Type:EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *Or
- Fasting plasma glucose ≥ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association..Standards of medical care in diabetes 2011. Diabetes care 2011;34:511.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 15-Mar-2023 13:19

Dr. Rakesh shah
 M.D(Patho.), D.C.P
 (Reg : G-9313)



TEST REPORT

Name : Mr. RAKESHKUMAR SONI	Reg. No : 3032000650
Age/Sex : 34 Years / Male	Reg. Date : 15-Mar-2023 12:51 PM
Ref. By :	Collected On : 15-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TSH *	3.667	µIU/ml	0.55 - 4.78
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

T3 (Triiodothyronine) *	0.93	ng/mL	0.58 - 1.59
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins,especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : 15-Mar-2023 04:12 PM



Dr. Varun Gohil
Consultant Pathologist

Patient Name: Mr. RAKESH KUMAR SONI
Visit No: FVADOPV22425
Cond Doctor: Dr. Mayur Patel
Referred By: SELF


MR No: FVAD.0000042290
Age/Gender: 34 Y/M
Conducted Date: 15-03-2023 10:42
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 71 beats per minute
3. Normal P,QRS,T wave axis
4. Normal PR,QRS,QT duration
5. T-wave inversion in lead III,AVF
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : T-wave inversion in lead III,AVF.


Dr. Mayur Patel
MD(Physician).

148 15/03/23 10:02

HR : 71 bpm

APOLLO CLINIC .VADODARA

Room :2 Dep:OPD

ID :0

Name :RAKESH KUMAR SONI

Gender :M Age :034 (Yrs)

Height :156 (cm) Weight:067(Kg)

Axis (deg)

P : 28

QRS: 23

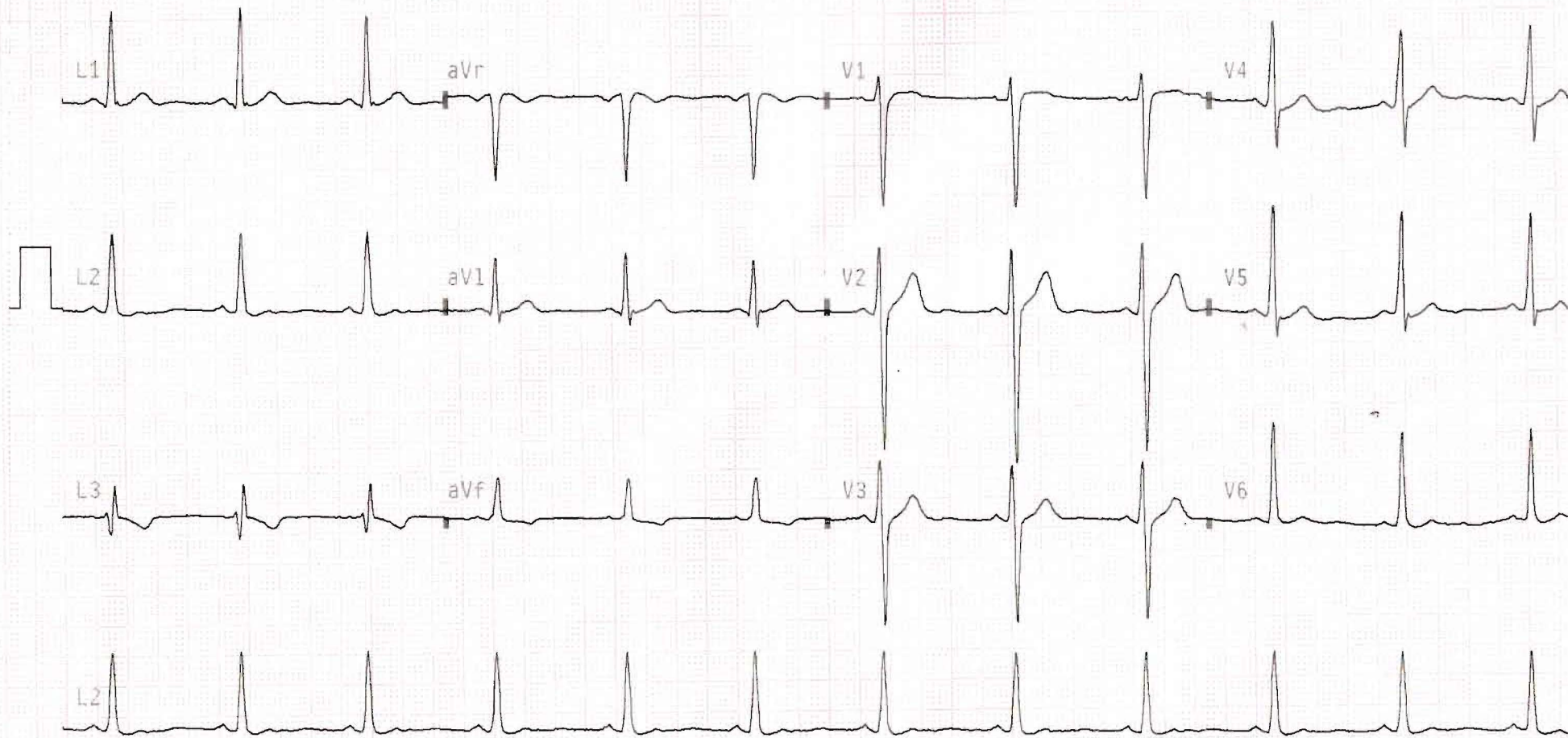
T :-14

Intervals (msec)

PR:144, QRS:121

QT:377, QTc:410

ST:104



T-vl 1st II, aVF

ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : RAKESH KUMAR SONI

AGE/SEX:34YRS/MALE

DATE: 15/03/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO MR, NO MS
- NO AR: NO AS
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-20MM ; LA-28MM ; IVS-10/13MM ; LV-45/28MM ; LVPW-11/14MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
LVEF 60% (VISUAL)


DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

Patient Name	: Mr. RAKESH KUMAR SONI	MR No	: FVAD.0000042290
Age/Sex	: 34 Y/M	Visit No	: FVADOPV22425
Pres Doctor	:	Bill Date	:15-03-2023 09:02
Ref.by	: SELF	Report Date	: 15-03-2023 09:47

USG WHOLE ABDOMEN

Liver is fatty (15.3cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (5.1x2.1cm). Gall bladder shows ston of 14 mm. No evidence of mass is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 1.7cm and Body 1.1cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (10cm). Portal and splenic veins are normal in calibre.

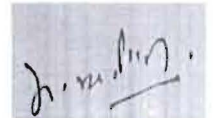
Both kidneys are normal in size (RK 10.7cm and LK 11.4cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.

Prostate size (2.9x4.2x 3.3cm Vol. 22.3cc) and shape normal.
No fluid seen in pelvis.

IMPRESSION: Fatty Liver.Gall stone 14 mm along with sludge particles.
Remaining abdomen normal.

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist

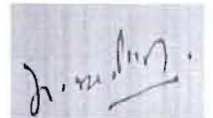
Patient Name	: Mr. RAKESH KUMAR SONI	MR No	: FVAD.0000042290
Age/Sex	: 34 Y/M	Visit No	: FVADOPV22425
Pres Doctor	:	Bill Date	: 15-03-2023 09:02
Ref.by	: SELF	Report Date	: 15-03-2023 09:46

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist