

**OUT-PATIENT RECORD**

Date : 10/2/24  
 MRNO :  
 Name : Vilas Rajhwar  
 Age/Gender : 34y/M  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 66b/m	B.P. : 110/70	Resp : 20b/m	Temp : 99°F
Weight : 70.3kg	Height : 170	BMI : 24.3	Waist Circum : 92

General Examination / Allergies  
 History

Clinical Diagnosis & Management Plan

Married, Nonsmoker  
 S/B/B: @ No Allergy  
 No addiction  
 FH: Mother: DM Father: Nil.  
 Normal Lipids  
 Physically Fit.

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

Follow up date:





TOUCHING LIVES

Patient Name : Mr.VILAS R RAJBHAR  
 Age/Gender : 34 Y 11 M 24 D/M  
 UHID/MR No : STAR.0000061317  
 Visit ID : STAROPV67245  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 9821869329

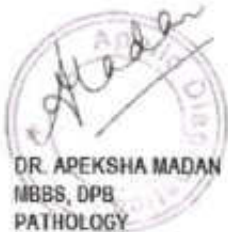
Collected : 10/Feb/2024 10:08AM  
 Received : 10/Feb/2024 12:51PM  
 Reported : 10/Feb/2024 04:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

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

Page 1 of 12

DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:BED240033793

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Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:08662497878 / 9100105801

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Berhampore: 13/3/A. A. C ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

TOUCHING LIVES

Expertise. Empowering you.

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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
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.1	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	32.1	g/dL	31.5-34.5	Calculated
R.D.W	12.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,260	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4210.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2323.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	290.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	435.6	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	221000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	10	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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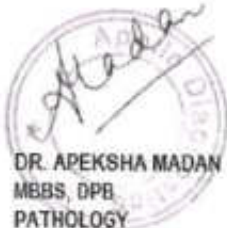
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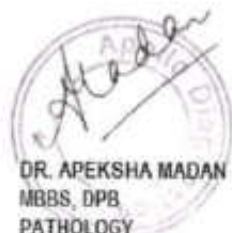
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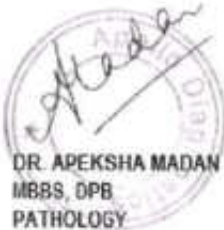


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Berhampore: 13/3/A, A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

TOU...LVA...VES

Expertise. Empowering you.

Patient Name : Mr.VILAS R RAJBHAR Age/Gender : 34 Y 11 M 24 D/M UHID/MR No : STAR.0000061317 Visit ID : STAROPV67245 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9821869329	Collected : 10/Feb/2024 04:43PM Received : 10/Feb/2024 05:48PM Reported : 10/Feb/2024 06:40PM 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
GLUCOSE, FASTING , NAF PLASMA	92	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	Predinbetes
≥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.

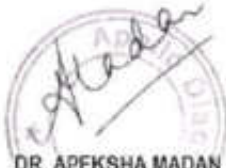
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	108	mg/dL	70-140	GOD - POD

Comment:

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

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



  
 DR. APEKSHA MADAN  
 MBBS, DPM  
 PATHOLOGY

SIN No:PLP1418075

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TOU...LIVES

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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
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	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)




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

SIN No: EDT240014941

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>208</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>137</b>	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	<b>41</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>167</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>139.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>27.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.07</b>		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerites are below 350mg/dl. When Triglycerites are more than 350 mg/dl LDL cholesterol is a direct measurement.

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Patient Name	: Mr.VILAS R RAJBHAR	Collected	: 10/Feb/2024 10:08AM
Age/Gender	: 34 Y 11 M 24 D/M	Received	: 10/Feb/2024 04:40PM
UHID/MR No	: STAR.0000061317	Reported	: 10/Feb/2024 08:14PM
Visit ID	: STAROPV67245	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9821869329		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.82	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.62	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	50	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	84.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.60	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.20	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		0.9-2.0	Calculated

**Comment:**

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

Common patterns seen:

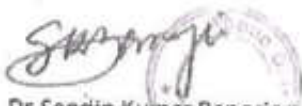
**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



Dr.Sandip Kumar Banerjee  
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Consultant Pathologist

SIN No:SE04625378



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Patient Name : Mr.VILAS R RAJBHAR Age/Gender : 34 Y 11 M 24 D/M UHID/MR No : STAR.0000061317 Visit ID : STAROPV67245 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9821869329	Collected : 10/Feb/2024 10:08AM Received : 10/Feb/2024 04:40PM Reported : 10/Feb/2024 06:14PM 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
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>17.90</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.90	mg/dL	3.5-8.5	Uricase
CALCIUM	9.00	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138.7	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102.6	mmol/L	98 - 107	Direct ISE




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

Test Name	Result	Unit	Blo. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	27.00	U/L	15-73	Glycylglycine Nitoranalide

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Berhampore: 13/3/A, A. C ROAD, INDTAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

Patient Name : Mr.VILAS R RAJBHAR Age/Gender : 34 Y 11 M 24 D/M UHID/MR No : STAR.0000081317 Visit ID : STAROPV67245 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9821869329	Collected : 10/Feb/2024 10:08AM Received : 10/Feb/2024 01:13PM Reported : 10/Feb/2024 04:38PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

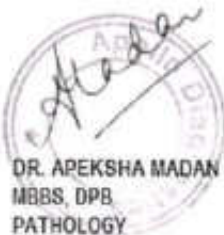
Test Name	Result	Unit	Blo. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.41	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.32	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	0.830	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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

DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No: SPL24022268

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Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Bijili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Pala Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

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Patient Name	: Mr.VILAS R RAJBHAR	Collected	: 10/Feb/2024 10:08AM
Age/Gender	: 34 Y 11 M 24 D/M	Received	: 10/Feb/2024 05:01PM
UHID/MR No	: STAR.0000061317	Reported	: 10/Feb/2024 08:41PM
Visit ID	: STAROPV67245	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9821869329		

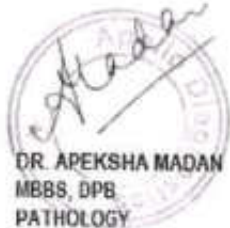
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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

\*\*\* End Of Report \*\*\*

Page 12 of 12



DR. APEKSHA MADAN  
MBBS, DPM  
PATHOLOGY

SIN No:UR2279749



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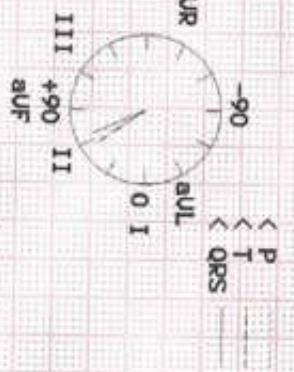
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10/12/24

HR 66bpm

Measurement Results:

QRS	86 ms
QT/QTcB	360 / 377 ms
PR	150 ms
P	112 ms
RR/PP	904 / 905 ms
P/QRS/T	56 / 65 / 54 degrees

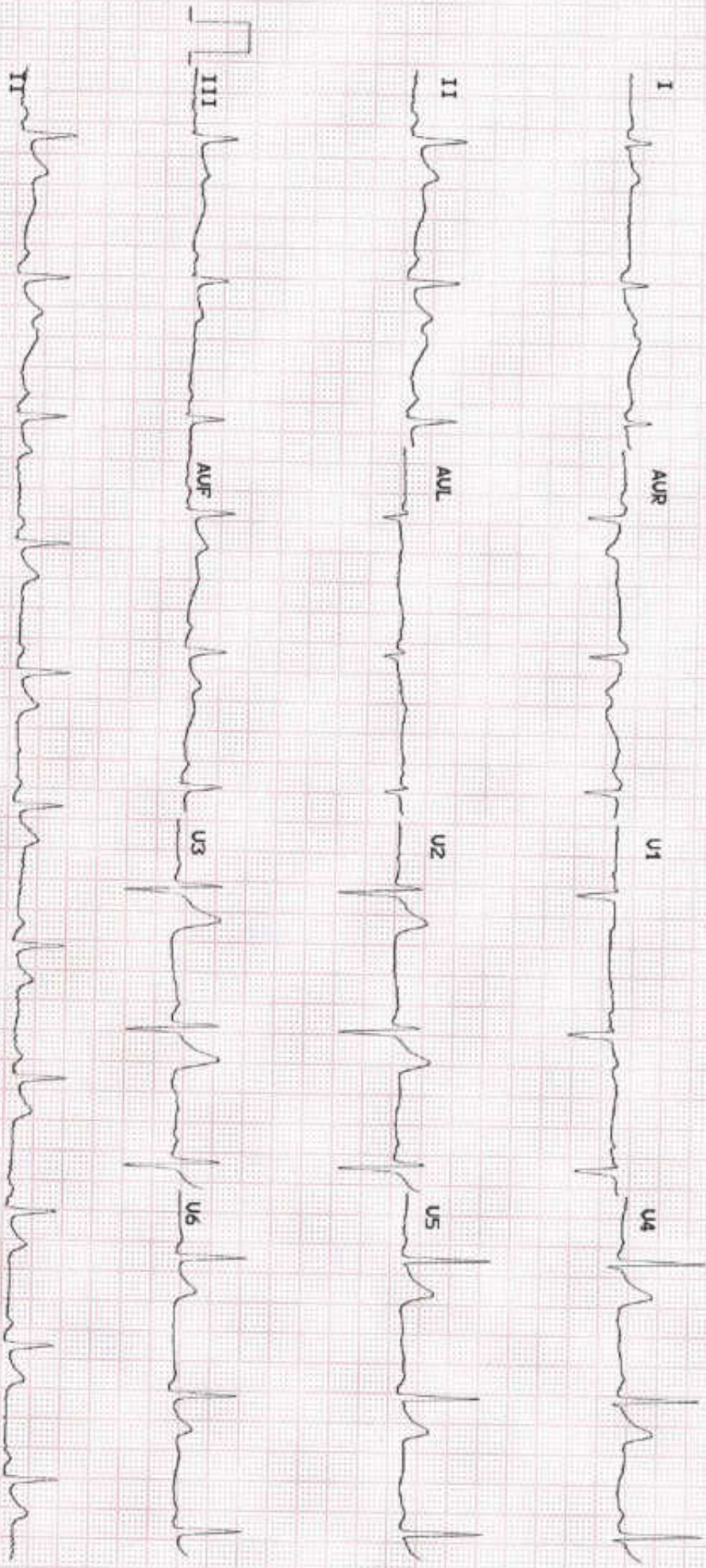


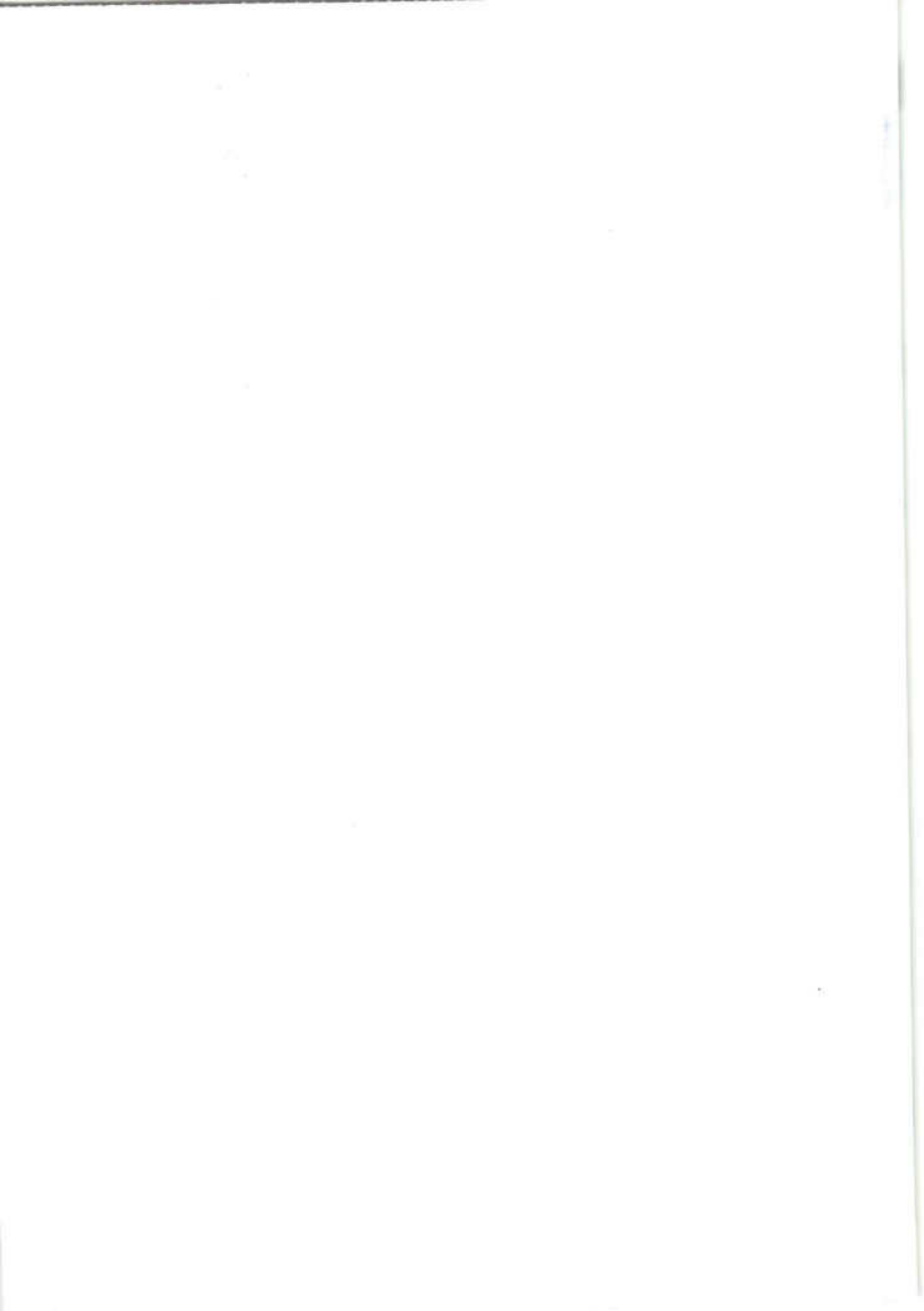
Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Early repolarization  
 Normal ECG

*within Normal limits*

Unconfirmed report.

Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg No 58942





Patient Name	: Mr. Vilas R Rajbhar	Age	: 34 Y M
UHID	: STAR.0000061317	OP Visit No	: STAROPV67245
Reported on	: 12-02-2024 11:28	Printed on	: 12-02-2024 11:29
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:12-02-2024 11:28

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology



Patient name : MR. VILAS RAJBHAR  
Ref. By : HEALTH CHECK UP

Date : 10-02-2024  
Age : 34 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER** : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 10.8 x 4.2 cms and the **LEFT KIDNEY** measures 10.8 x 4.8 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 2.8 x 2.7 x 2.5 cms and weighs 10.4 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** : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.

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





Name : Mr.Vilas Rajbhar  
Age : 34 Year(s)

Date : 10/02/2024  
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**



Name : Mr.Vilas Rajbhar  
Age : 34 Year(s)

Date : 10/02/2024  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	170mm/sec
EPSS	06mm
LA	26mm
AO	27mm
LVID (d)	40mm
LVID(s)	20mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



Name: Mr Vilas R Rajbhar  
Age: 34 yr/M

10/02/2024

- For Health Consultation
- Offers no ENT complaints

O/E - Ears -



Bill TM intact, mobile

Nose -



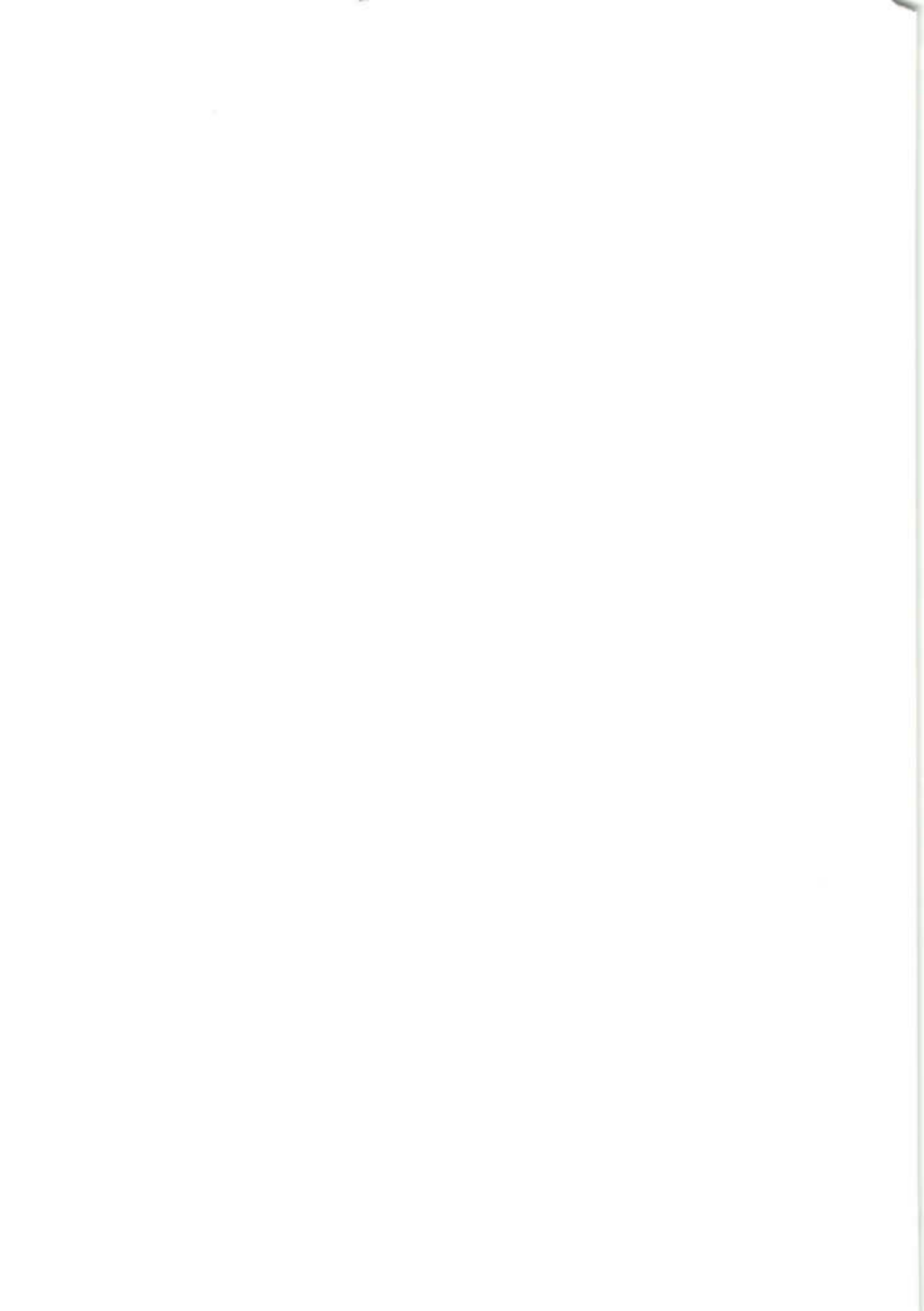
Mild deviation of septum  
to (R)

Inferior turbinate touching septum  
Mucosa @  
No discharge  
Antral equal

Throat - NAD

Imp: ENT-NAD

MAJ (DR) SHRUTANIL SHARMA  
M.S. (ENT), PGDHHM, PGDMLS  
MMC - 2019096177



## 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 Tobacco should be strictly avoided.

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

## 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. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

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



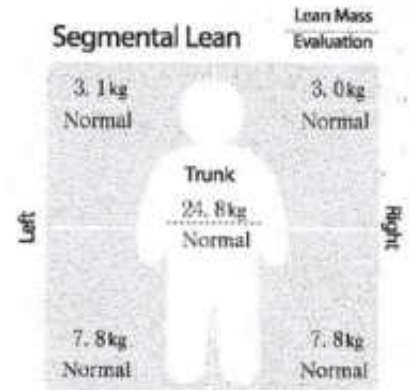
ID: \_\_\_\_\_ Height 170cm Date 10.2.2024 APOLLO SPECTRA HOSPITAL  
 Age 34 Gender Male Time 11:09:46

## Body Composition

	Under	Normal	Over	Normal Range
<b>Weight</b>				54.0 ~ 73.1
<b>Muscle Mass</b> <small>Skeletal Muscle Mass</small>				27.1 ~ 33.1
<b>Body Fat Mass</b>				7.6 ~ 15.3
<b>TBW</b> <small>Total Body Water</small>	37.2 kg (35.8 ~ 43.7)		<b>FFM</b> <small>Fat Free Mass</small>	50.5 kg (46.4 ~ 57.9)
<b>Protein</b>	10.0 kg (9.6 ~ 11.7)		<b>Mineral*</b>	3.28 kg (3.31 ~ 4.04)

\* Mineral is estimated.

## Segmental Lean



## Obesity Diagnosis

	Value	Normal Range
<b>BMI</b> <small>Body Mass Index (kg/m<sup>2</sup>)</small>	24.3	18.5 ~ 25.0
<b>PBF</b> <small>Percent Body Fat (%)</small>	28.1	10.0 ~ 20.0
<b>WHR</b> <small>Waist-Hip Ratio</small>	1.01	0.80 ~ 0.90
<b>BMR</b> <small>Basal Metabolic Rate (kcal)</small>	1461	1532 ~ 1790

## Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input 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

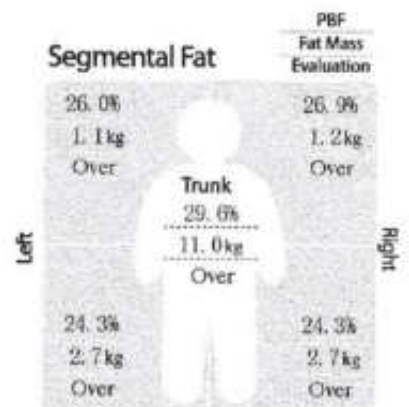
## Weight Management

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

## Obesity Diagnosis

BMI	<input 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



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	+ 3.5 kg	Fat Control	- 10.2 kg	Fitness Score	66
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## Impedance

Z	RA	LA	TR	RL	LL
20kHz	324.6	315.8	30.9	308.1	308.8
100kHz	285.1	278.3	25.8	275.0	275.5

\* Use your results as reference when consulting with your physician or fitness trainer.

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

Energy expenditure of each activity (base weight: 70.3 kg / Duration: 30min. / unit: kcal)						
Walking 141	Jogging 246	Bicycle 211	Swim 246	Mountain Climbing 229	Aerobic 246	
Table tennis 159	Tennis 211	Football 246	Oriental Fencing 352	Gate ball 134	Badminton 159	
Racket ball 352	Tae-kwon-do 352	Squash 352	Basketball 211	Rope jumping 246	Golf 124	
Push-ups <small>development of upper body</small>	Sit-ups <small>abdominal muscle training</small>	Weight training <small>backache prevention</small>	Dumbbell exercise <small>muscle strength</small>	Elastic band <small>muscle strength</small>	Squats <small>maintenance of lower body muscle</small>	

### • How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

### • Recommended calorie intake per day

1900 kcal

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

