

DIET CHART

PRE BRACKFAST / चाय के समय नास्ता / घटाघ्या वेळचा नास्ता

Tea / चाय / चहा *without sugar*
Skimmed Milk / बिना मलाई का दूध / बिन साईचे दूध
Biscuit Marie / बिस्कीट / भेरी बिस्किट

BREAKFAST / सुबह का नास्ता / सकाळची न्याहरी

Iddli or Roti / इडली / चपाती ✓ Sambhar / सांभार / सांभार
or Porridge / Cornflakes
Vegetable / सन्गी / भाजी Skimmed Milk / बिना मलाई का दूध / बिन साईचे दूध

MID- MORNING / सुबह का नास्ता / सकाळची न्याहरी

Fruits / फल / फळे X

LUNCH / भोजन / जेवण

Rice / चावल / भात *avoid* Dry Chapatias / रोटी / चपाती
Dal / दाल / डाळ
Skinless Chicken / Fish Greenleafy Veg. / हरी सन्गी / हिरव्या पालेभाज्या
Salad / रायता / कोशिंबीर Curd / Butter Milk / दही / ताक

MID-AFTERNOON / दोपहर / दुपारी ✓

Fruit / फल / फळे

EVENING SNACK / शाम का नास्ता / संध्याकाळचा नास्ता

Tea / चाय / चहा
Marie Biscuit / मारी बिस्कुट / मारी बिस्किट ✓

DINNER / रात का भोजन / रात्रीचे जेवण

Dry Chapatias / पराठा सुखा / चपाती सुकी ✓
Dal / दाल / डाळ
Greenleafy Veg. / हरी सन्गी / हिरव्या पालेभाज्या
Salad / रायता / कोशिंबीर

1 tsp. of Oil for Cooking / जेवण बनविताना फक्त १ ल्हान चमचा तेल वापरा.

AFTER DINNER / खाने के बाद / जेवणा नंतर

Skimmed Milk / बिना मलाई का दूध / बिन साईचे दूध

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Plot no 32, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000

Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT

 **0863 222 2933**

DIETARY ADVICE

Patient Name:

Age:

Foods to be Avoided :

- Fried snacks like chivada, shev, papad, bhajia, wafers, batata vada, potato chips etc.
- Food rich in cholesterol, like yellow of eggs, organ meat - brain, liver, kidney etc. coconut oil, butter, cream, ghee.
- Simple sugars such as Glucose, dextrose, common sugar and sweets, aerated soft drinks, sweet biscuits, Chocolates, Pastries, Pies, puddings, Jaggery, Jam, Jelly, Honey, Candy, Marmalade, cakes, tinned juices.
- Avoid excess of salt in foods such as chutney, Papad, Pickles, processed foods, preserved and canned foods.
- Avoid Alcohol (any types) as far as possible.

Food Allowed :

- Condiments and spices, Lime Water (without sugar), thin buttermilk (with butter removed),
- Tea and Coffee (without Sugar), raw and green vegetables (boiled or seasoned with vinegar and other spices) and Soda water.
- Various artificially sweeteners e.g. SWEETEX, EQUAL etc are safe and can be used as sugar substitutes.
- Food allowed in limited quantity.
- Milk without sugar.
- Nuts and oilseeds such as cashewnut, Pista, Walnut, Groundnut, Coconut etc are high in calories and should be avoided.

आहाराविषयक सल्ला

खालील पदार्थ टाळावेत :-

१. तळलेले पदार्थ उदा. धिवडा, शेव, पापड, भजी, वेफर्स, बटाटावडा, बटाटा वेफर्स इत्यादी.
२. चरबीयुक्त पदार्थ : अंड्यातील पिवळ-बल्क, मांसाहार, कलेजी, भेजा इत्यादी नारळ्याचे तेल, लोणी, तूप, मलाई इत्यादी.
३. शर्करायुक्त पदार्थ - साखर, गोड पदार्थ, शीत पेय, गोड बिस्कीट, चॉकलेट, पेस्ट्रीज, गुळ, जाम, जेली, मध, केक, हवाबंद पेय.
४. अति मीठ युक्त पदार्थ : चटणी, पापड, लोणचे, हवाबंद साठवलेले पदार्थ.
५. कोणत्याही प्रकारचे मद्यपान टाळावे.

खालील पदार्थ सेवन करा :-

- १) लिंबू सरबत (बिना साखरेचे), पातळ ताक (लोणी काढलेले), चहा आणि कॉफी (बिना साखर) कच्च्या व हिरव्या पालेभाज्या, सोडा वॉटर.
- २) साखरेऐवजी शुगर फ्री पावडर, गोळ्या उदा. स्वीटेक्स, ईक्वल इत्यादी वापर करावा.
- ३) खाल्ली पदार्थ कमी प्रमाणात घेऊ शकता.
दूध - (साखर न मिसळता)
- ४) झायमुट उदा. कालु, पिस्ता, बदाम, आक्रोड, झेंगदाणे, खोबर हे थोड्या प्रमाणात घेऊ शकता. पण त्यामध्ये जास्त कॅलरीज असल्याने बहुतांशी टाळावे.

MEDICAL SUMMARY

NAME	Mr. Vikram Tripathi	ID	
AGE/GENDER	38 yrs / MALE	DATE OF HEALTHCHECK	19/12/23
COMPANY NAME :- A/cofem - mediawheel - Full Body AHC Credit Pan India			

HEIGHT	172 cm	BMI :- 24.6	MARITAL STATUS	
WEIGHT	72 kg		NO OF CHILDREN	

C/O: Cold left for 2d. K/C/O: T2DM
PRESENT MEDICATION: Tb. Sitara M (50/1000) 1-0-0


P/M/H: No major illness in past. P/S/H: No Surg. is past.

H/A: SMOKING: Nil. ALCOHOL: Nil. TOBACCO/PAN: Nil.
FAMILY HISTORY: FATHER: DM + HT. MOTHER: DM.

O/E: LYMPHADENOPATHY: Nil.

BP: 124/80 PULSE: 89/min. PALLOR/ICTERUS/CYNOSIS/CLUBBING: Nil.

TEMPERATURE: normal. SCARS: Nil. OEDEMA: Nil.

S/E: normal. RS:  breath sound normal. P/A: normal.

CVS: S1S2 normal. Extremities & Spine: normal. ENT: normal. SKIN: normal.

CNS: normal

MEDICAL SUMMARY

NAME	Mr. Vikash Taprethi	ID	
AGE/GENDER	38 yrs / MACE	DATE OF HEALTHCHECK	19/12/23

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR:	6/6	6/6		
NEAR:	N6	N6		
COLOUR VISION:	17/17 plates read			
ADVISE:				

FINDINGS AND RECOMMENDATION:

Dr. Shivangi
DR. SHIVANGI
76079

FINDINGS:-

• Bl. Sugar F 108
PP 174
• HbA1c 6.5%
(MAG 139)

DR. SHIVANGI SINGH
MS. Ophthalmology
Reg. No. : 76099-

RECOMMENDATIONS:

All other reports are normal

1. Continue OHA
2. 1/2 hr walking
FM after 3 months

FINAL IMPRESSION:

Fit for Employment
as

CONSULTANT SIGNATURE

Dr. ASHOK K. S GH
M. D. (M) ine)
Reg. No. APMC 377

MEDICAL SUMMARY

NAME	Vikash Tripathi	DATE OF CHECKUP	19/12/23
AGE	38/m	GENDER	Male

DENTAL - CONSULTATION

cl -> Regular check-up

o/e

Teeth present

7-1	1-8
7-1	
	1-8

Stains + + +
calculus +

Adv
Scaling & Polishing



CONSULTANT SIGNATURE 

MEDICAL SUMMARY

NAME	Vikash	DATE OF CHECKUP	19/12/24
AGE	39y r/m	GENDER	M

cb - cold : 1 day blew: 20/12/24
ENT - CONSULTATION

O/E Ear → Both External Ear Normal
→ NO tenderness
→ Hearing Normal

- Reiner's test - Normal
- Weber's test -

Nose! - Ext. appearance Normal
• Nasal mucosal membrane Normal
• NO polyp / NO sinus
• NO tenderness

Throat! - Oesophageal mucous membrane
Healthy!

CONSULTANT SIGNATURE




Mr. VIKASH TRIPATHI			Lab ID	: 31208301379
DOB	:		Collected	: 19-12-2023 11:03
Age	: 38 Years		Received	: 19-12-2023 11:03
Gender	: Male		Reported	: 19-12-2023 10:17
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA.

Erythrocytes

Hemoglobin	14.0	g/dL	13.0-17.0	Colorimetric method
Red Blood Cells	4.86	10 ⁶ Cells/ μ L	4.5 - 5.5	Electrical Impedance method
PCV (Hematocrit)	42.20	%	40-50	Electrical Impedance method
MCV (Mean Corpuscular Volume)	86.8	fL	83 - 101	Electrical Impedance method
MCH (Mean Corpuscular Hb)	28.8	Pg	27 - 32	Calculated
MCHC (Mean Corpuscular Hb Concentration)	33.2	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	12.90	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	45.20	fL	39 - 46	Calculated

Leucocytes

WBC -Total Leucocytes Count	8.70	10 ³ Cells/ μ L	4 - 10	SF Cube Cell Analysis Technology
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Differential leucocyte count

Neutrophils	64	%	40 - 80	SF Cube Cell Analysis Technology
Lymphocytes	27	%	20 - 40	SF Cube Cell Analysis Technology
Monocytes	06	%	2-10	SF Cube Cell Analysis Technology
Eosinophils	03	%	1-6	SF Cube Cell Analysis Technology
Basophils	00	%	0-2	SF Cube Cell Analysis Technology

Absolute leucocyte count

Neutrophils (Abs)	5.57	10 ³ Cells/ μ L	1.5 - 8.0	SF Cube Cell Analysis Technology
Lymphocytes (Abs)	2.35	10 ³ Cells/ μ L	1.0 - 4.8	SF Cube Cell Analysis Technology
Monocytes (Abs)	0.52	10 ³ Cells/ μ L	0.5 - 0.9	SF Cube Cell Analysis Technology
Eosinophils (Abs)	0.26	10 ³ Cells/ μ L	0.2 - 0.5	SF Cube Cell Analysis Technology
Basophils (Abs)	0.00	10 ³ Cells/ μ L	0.0 - 0.3	SF Cube Cell Analysis Technology

Platelets

Platelet Count	144.00	10 ³ Cells/ μ L	150 - 410	Electrical Impedance method
MPV	13.7	fL	9 - 13	Calculated
WBC Morphology	Normal			
RBC Morphology	Normochromic Normocytic.			
Platelets on Smear	Reduced			
Mentzer Index Formula	18	Index	<13 : Strong suspect of Thalassaemia.	Calculated

Clinical significance:

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting. Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist.

Processed At: HS Health Solution 1st floor, Plot no 59, Sector 6, Sarpada, Gajanan Chowk, Navi Mumbai Pin code 400705
This is an Electronically Authenticated Report.

Mr. VIKASH TRIPATHI

Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Plot no 32, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000
Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mr. VIKASH TRIPATHI

DOB :
Age : 38 Years
Gender : Male
CRM :
Location : PANVEL
Ref DOC :
Sample Quality : Adequate



Lab ID : 31208301379
Collected : 19-12-2023 11:03
Received : 19-12-2023 11:03
Reported : 19-12-2023 20:16
Status : Final
Client : PN148R

Parameter	Result	Unit	Biological Ref. Interval	Method
ESR (Erythrocyte Sedimentation Rate), EDTA Blood	07	mm/hr	<=10	Westergren(Manual)

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenemia and in abnormalities of red cells like sickle cells or spherocytosis etc.

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Plot No 52, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000

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TO BOOK AN APPOINTMENT

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DOB	:	Collected	: 19-12-2023 11:03
Age	: 38 Years	Received	: 19-12-2023 11:03
Gender	: Male	Reported	: 19-12-2023 16:35
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Fasting) Plasma	108.70	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125	GOD-POD

Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

————— End Of Report —————

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Mr. VIKASH TRIPATHI



Apollo Clinic


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Age	: 38 Years		Received	: 19-12-2023 11:03
Gender	: Male		Reported	: 19-12-2023 16:35
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PN148R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Post Prandial), Plasma	174.50	mg/dL	Normal: \leq 140 Pre-Diabetic: 140-199 Diabetic: $>$ 200	GOD-POD

Clinical significance:-


A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

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TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mr. VIKASH TRIPATHI			Lab ID	: 31208301379
DOB	:		Collected	: 19-12-2023 11:03
Age	: 38 Years		Received	: 19-12-2023 11:03
Gender	: Male		Reported	: 19-12-2023 16:32
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PNT148R
Ref DOC	:			
Sample Quality	: Adequate			

HBA1C by HPLC

Test	Result	Unit	Biological Ref Intervals	Method
HbA1c By HPLC, EDTA Blood	6.5	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0	HPLC
Estimated Average Glucose(eAG)	139.41	mg/dL	70-126	Calculated

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

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Mr. VIKASH TRIPATHI

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Mr. VIKASH TRIPATHI			Lab ID	: 31208301379
DOB	:		Collected	: 19-12-2023 11:03
Age	: 38 Years		Received	: 19-12-2023 11:03
Gender	: Male		Reported	: 19-12-2023 17:05
CRM	:		Status	: Interim
Location	: PANVEL		Client	: PNH48R
Ref DOC	:			
Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Fasting, Urine	Absent		Absent / Present	Strip Method

----- End Of Report -----



Mr. VIKASH TRIPATHI DOS : Age : 38 Years Gender : Male CRM : Location : PANVEL Ref DOC : Sample Quality : Adequate			Lab ID : 31208301379 Collected : 19-12-2023 11:03 Received : 19-12-2023 11:03 Reported : 19-12-2023 17:05 Status : Interim Client : PN148R
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Parameter	Result	Unit	Biological Ref. Interval	Method
Sugar (Post Prandial, Blood), Urine	Absent	mg/dL	Absent / Present	GOD-POD

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Mr. VIKASH TRIPATHI



Apollo Clinic

Dr. Sunil Kote MD DNB AFHQ

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DOB	:	Collected	: 19-12-2023 11:03
Age	: 38 Years	Received	: 19-12-2023 11:03
Gender	: Male	Reported	: 19-12-2023 16:42
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PH148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
RENAL PROFILE				
Creatinine, Serum	0.71	mg/dL	0.7 - 1.3	ENZYMATIC
eGFR	150	ml/min/1.73m ²	Normal > 90 Mild decrease in GFR : 60-90 Moderate decrease in GFR : 30-59 Severe decrease in GFR : 15-29 Kidney Failure: < 15	Calculated
Urea, Serum	20.00	mg/dL	15-48	UREASE-GLDH
Blood Urea Nitrogen (BUN), Serum	9.35	mg/dL	6 -20	Calculated
BUN/Creatinine Ratio, Serum	13.17	%	5.0 - 23.5	Calculated method
Uric Acid, Serum	5.50	mg/dL	4.4-7.6	URICASE-POD
Calcium, Serum	9.10	mg/dL	8.6 - 10.2	Arsenazo Method

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Gender	: Male	Reported	: 19-12-2023 16:32
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PH148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
Lipid Profile				
Total Cholesterol, Serum	186.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP
Triglycerides, Serum	106.60	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: >499	GPO
HDL Cholesterol, Serum	43.00	mg/dL	Low: < 40 High: > 60	DIRECT
Low Density Lipoprotein-Cholesterol (LDL)	121.68	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189	DIRECT
VLDL	21.32	mg/dL	6-40	Calculated
Total Cholesterol/HDL Ratio	4.33		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5	Calculated
LDL / HDL Ratio	2.83	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5	Calculated
Non HDL Cholesterol, Serum	143.00	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190	Calculated

Clinical significance:

A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.


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TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mr. VIKASH TRIPATHI DOB : Age : 38 Years Gender : Male CRM : Location : PANVEL Ref DOC : Sample Quality : Adequate		Lab ID : 31208301379 Collected : 19-12-2023 11:03 Received : 19-12-2023 11:03 Reported : 19-12-2023 16:32 Status : Interim Client : PNI48R
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Parameter	Result	Unit	Biological Ref. Interval	Method
LIVER FUNCTION TEST				
Bilirubin - Total, Serum	0.88	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.32	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.56	mg/dL	0.2-1	Calculated
SGOT, Serum	26.20	U/L	<35	IFCC without PLP
SGPT, Serum	44.10	U/L	<45	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	69.0	U/L	53 - 128	AMP
GGT (Gamma Glutamyl Transferase), Serum	22.10	U/L	<55	G-glutamyl-p-nitroanilide
Total Protein, Serum	6.95	gm/dL	6.4-8.8	BIURET
Albumin, Serum	4.22	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.73	gm/dL	1.9-3.9	Calculated
A:G ratio	1.55		1.1 - 2.5	Calculated

Clinical significance:

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.

Processed At: Shop No 12 National Palace Takka, near Panch Mukhi Hanuman Mandir, Panvel, Navi Mumbai, Maharashtra 410206
This is an Electronically Authenticated Report.

Mr. VIKASH TRIPATHI

Dr. S. K. Singh

Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Plot no 32, Sector-4, Kalamboli, Panvel, Navi Mumbai, Maharashtra 410 218. Ph:- 70307 89000

Online appointment : www.apolloclinic.com • Email : panvel.mh@apolloclinic.com

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	Mr. VIKASH TRIPATHI			Lab ID	: 31208301379
	DOB	:		Collected	: 19-12-2023 11:03
	Age	: 38 Years		Received	: 19-12-2023 11:03
	Gender	: Male		Reported	: 19-12-2023 19:16
	CRM	:		Status	: Interim
	Location	: PANVEL		Client	: PN148R
	Ref DOC	:			
Sample Quality	: Adequate				

Parameter	Result	Unit	Biological Ref. Interval	Method
Blood Grouping & Rh typing, EDTA Blood	*A* Rh POSITIVE			Slide/Tube Agglutination (Forward & Reverse)

Clinical Significance:
 The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

----- End Of Report -----

Processed At: HS Health Solution 1st floor, Plot no 59, Sector 8, Sanpada, Gajanan Chowk, Navi Mumbai Pin code 400705
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 **0703 078 6000**

Mr. VIKASH TRIPATHI		Lab ID	: 31208301379
DOB	:	Collected	: 19-12-2023 11:03
Age	: 38 Years	Received	: 19-12-2023 11:03
Gender	: Male	Reported	: 19-12-2023 19:45
CRM	:	Status	: Final
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum	0.92	ng/mL	0.7 - 2.04	CLIA
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Clinical significance:-

Triiodothyronine (T3) values above 200 ng/dL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum	8.19	µg/dL	5.5 - 15.5	CLIA
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Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid - Thyroid Stimulating Hormone (TSH), Serum	2.705	µIU/mL	0.4 - 5.5	CLIA
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Clinical significance:-

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of 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 or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

----- End Of Report -----

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Gender	: Male	Reported	: 19-12-2023 17:45
CRM	:	Status	: Interim
Location	: PANVEL	Client	: PH148R
Ref DOC	:		
Sample Quality	: Adequate		

Parameter	Result	Unit	Biological Ref. Interval	Method
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Pale Yellow		Pale Yellow	Visual
Volume	30 cc	ml		Visual
Specific Gravity	1.005		1.015 - 1.025	Reagent Strip
Appearance	Clear		Clear	Visual
pH	5.0		5.0 - 8.0	Reagent Strip

BIOCHEMICAL EXAMINATION

Protein, Urine	Absent		Negative	Reagent Strip
Glucose	Absent		Negative	Reagent Strip
Ketones	Absent	mmol/L	<0.4	Reagent Strip
Urobilinogen	Normal		Normal	Reagent Strip
Bilirubin	Absent		Negative	Reagent Strip
Bile Salt / Bile Pigment, Urine	Absent			
Nitrite	Absent		Negative	Reagent Strip
Blood	Absent		Negative	Reagent Strip

MICROSCOPIC EXAMINATION

Pus cells	1 - 2	/hpf	0-5	Microscopy
Epithelial Cells	1 - 2	/hpf	0-2	Microscopy
RBCs	Absent	/hpf	Nil	Microscopy
Casts	Absent		Nil	Microscopy
Crystals	Absent		Nil	Microscopy
Yeast cells	Absent		Absent	Microscopy
Bacteria	Absent		Absent	Microscopy
Mucus	Absent			

Clinical Significance:
 A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

————— End Of Report —————

Processed At: Shop No 12 National Palace Takka, near Panch Muli Haruman Mandir, Panvel, Navi Mumbai, Maharashtra 410206
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Mr. VIKASH TRIPATHI



Dr. Sunit Kade MD DNB AFM

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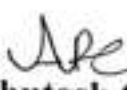
DATE: 19/12/2023	
PATIENT'S NAME : VIKASH TRIPATHI	AGE: 38 YRS / SEX: M
REFERRED BY : ARCOFENI	
EXAMINATION : X-RAY CHEST PA VIEW	

X-RAY CHEST PA VIEW

- Both the lung fields are clear.
- Cardiac shadow appears normal.
- C. P. angles appear clear.
- Both the domes of diaphragm are at normal level.
- Bony thorax & soft tissue around do not reveal any abnormality.

IMPRESSION

- **NO RADIOLOGICAL ABNORMALITY DETECTED.**


Dr. Ashutosh Chitnis
MBBS, MD, DMRE
(Radiologist)
REG. NO. 57658



PATIENT'S NAME : VIKASH TRIPATHI

AGE / SEX : 38 YRS / MALE

DATE: 19/12/2023

REF BY : ARCOFEMI

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER:-

Liver is 15.1cm enlarged in size. Bright echotexture. No focal lesion.

GALL BLADDER & BILLIARY SYSTEM:-

Gall bladder is normal in size. Wall thickness is normal. No calculus or growth. Common bile duct is normal and measures (2mm) at porta hepatis. Portal vein is normal. (12mm)

PANCREAS & SPLEEN:-

Pancreas is normal in size and echotexture. No focal lesion. Spleen is 10.3cm normal in size. No focal lesion.

KIDNEYS:- Both kidneys are normal in size, shape and echotexture. Both kidney shows normal cortico-medullary differentiation. Right Kidney = 8.6cm x 4.6cm. No calculus or hydronephrosis seen. Left Kidney = 10.6cm x 4.8cm. No calculus or hydronephrosis seen

RETROPERITONEUM:-

No evidence of obvious lymphadenopathy. Aorta and IVC visualised normal.

FREE FLUID:-

There is no evidence of free fluid in Morrison's pouch, subdiaphragmatic region and pelvis.


URINARY BLADDER:-

It is well distended normal and wall thickness normal. No calculus or growth.

PROSTATE: Prostate is normal in size. Prostate 15 ml. No focal lesion. Visualized seminal vesicles are normal.

IMPRESSION:-

- Hepatomegaly grade I fatty infiltration of liver.


Dr. Ashutosh Chitnis
MD, DMRE, MBBS,
Radiologist
Reg .No:-57658



2D ECHO REPORT

PATIENT'S NAME : VIKAS TRIPATHI

AGE / SEX : 38 YRS / MALE

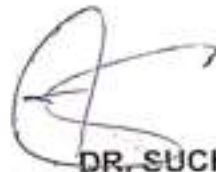
DATE: 19/12/2023

REF BY : ARCOFEMI MEDIWHEEL

All cardiac chambers are normal.
Structures of cardiac valves are normal.
No MR, No TR.
All septa are normal.
No regional wall motion abnormality at rest.
No clot/ vegetation.
No pericardial effusion.
No Pulmonary hypertension.
Normal diastolic function.
LVEF 60%.
IVC Normal.

IMPRESSION:-

NORMAL 2DECHO.



DR. SUCHEETH AVANTI
MBBS, MD, F2DECHO
REG.NO. 2014/09/4360



Name: Vikash Tadiyath

Age: _____

Weight (kg): _____

Height (cm): _____

BP (mmHg): _____

HR: _____ bpm 86

P-R: _____ ms 136

Q-R-S: _____ ms 100

QT/QTc: _____ ms 296/366

P/QRS/T AXES: _____ deg 54/41/78

RV5/SV1: _____ mV 1.10/1.10

RV5+SV1: _____ mV 2.20

<< Conclusion >>
Sinus rhythm

Report Confirmed by:

Dr. ASHOK K. SINGH

M.D. (Medicine)

Reg. No. MAMC 66677

