

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:24PM
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 on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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DEPARTMENT OF HAEMATOLOGY

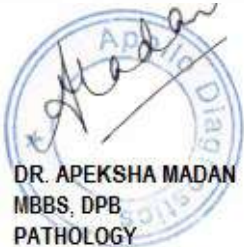
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.4	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	07	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3045.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	394.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.8		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
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Address:

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Ph. 022 4332 4500

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

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

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UHID/MR No : STAR.0000061602	Reported : 18/Sep/2024 11:09AM
Visit ID : STAROPV73331	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

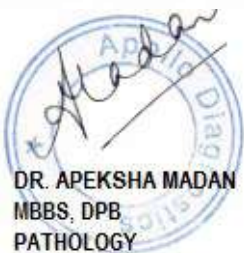
Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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



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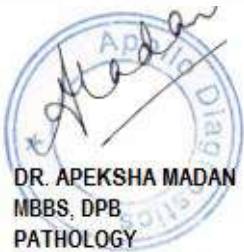
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
 Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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UHID/MR No : STAR.0000061602	Reported : 18/Sep/2024 06:48PM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:EDT240090844

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	123	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated


Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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

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



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	103.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:


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

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.



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


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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

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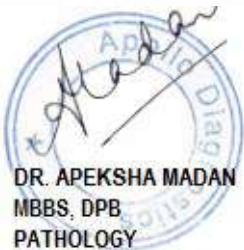
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method

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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.93	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.380	µIU/mL	0.25-5.0	ELFA


Comment:

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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

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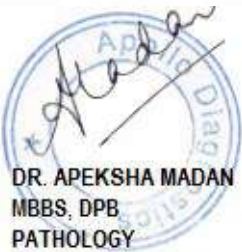
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 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 12:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24140039

Apollo Speciality Hospitals Private Limited
 (Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
 Begumpet, Hyderabad, Telangana - 500016

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

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.670	ng/mL	0-4	ELFA




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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Ph: 022 4332 4500

Patient Name : Mr.MRINAL GOSWAMI	Collected : 18/Sep/2024 09:10AM
Age/Gender : 53 Y 0 M 15 D/M	Received : 18/Sep/2024 01:28PM
UHID/MR No : STAR.0000061602	Reported : 18/Sep/2024 03:00PM
Visit ID : STAROPV73331	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy


Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 16 of 17



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2412652

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2412652

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

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

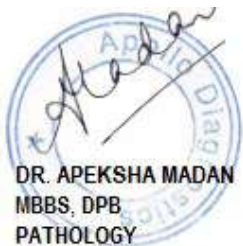
Laboratories not be responsible for any interpretation whatsoever.

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

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

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

This report is not valid for medico legal purposes.



SIN No:UR2412652

OUT- PATIENT RECORD

Date : 18/9/2021
 MRNO : 61602
 Name : MR. Mrinal Goswami
 Age/Gender : 53yrs Male
 Mobile No :
 Passport No :
 Aadhar number :

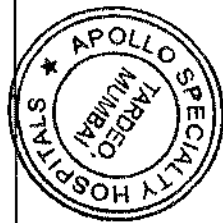
Pulse : 54 /min	B.P : 130/90	Resp : 18 /min	Temp : (N)
Weight 72.1	Height : 168	BMI : 25.5	Waist Circum : 84

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

MEAS - (1)

Married, Nonvegetarian
 Sleep: 4-5 hrs No Allergy.
 No addiction
 (L) Tympanic membranes, abnorm
 FH: Father: T.H.D.
 Her on T. coneser 100.
 Normal Report
 Physically fit.



Follow up date:

Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022 - 4332 4500 | 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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

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Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

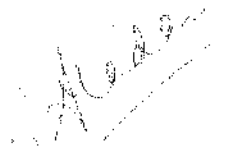
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.4	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	07	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3045.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	394.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.8		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR
Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 17




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

WBC : Normal in number, morphology and distribution. No abnormal cells seen


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: B1ED240229143

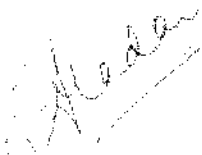
Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
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Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 02:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000081602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 11:09AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLF02207479

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 12:50PM
 Received : 18/Sep/2024 01:20PM
 Reported : 18/Sep/2024 01:54PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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:PLP1485853

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
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Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 05:19PM
Reported : 18/Sep/2024 06:48PM
Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

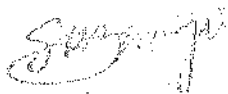
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No: EDT240090844

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	123	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04826242

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	103.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04826242



TOUCHING LIVES
Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
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Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:23PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

Page 10 of 17



DR. APEKSHA MADAN
NBBS, OPB
PATHOLOGY

SIN No:SE04826242

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04826242



TOUCHING LIVES
 Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method



Apeksha Madan

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04826242

TOUCHING LIVES
Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.93	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.380	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

1. 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.
2. 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.
3. 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.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

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Handwritten Signature

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SPL24140039


Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 12:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24140039

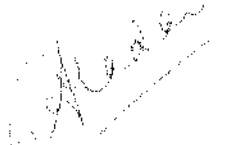
Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.670	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
 MBBS, OPB
 PATHOLOGY
 SIN No:SPL24140039

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 01:28PM
Reported : 18/Sep/2024 03:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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Apeksha Madan
DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:UR2412652



TOUCHING LIVES



Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E93210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 01:28PM
Reported : 18/Sep/2024 03:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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Apeksha Madan

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

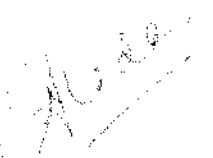
SIN No:UR2412652

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2412652



Mrinal Male

53Years

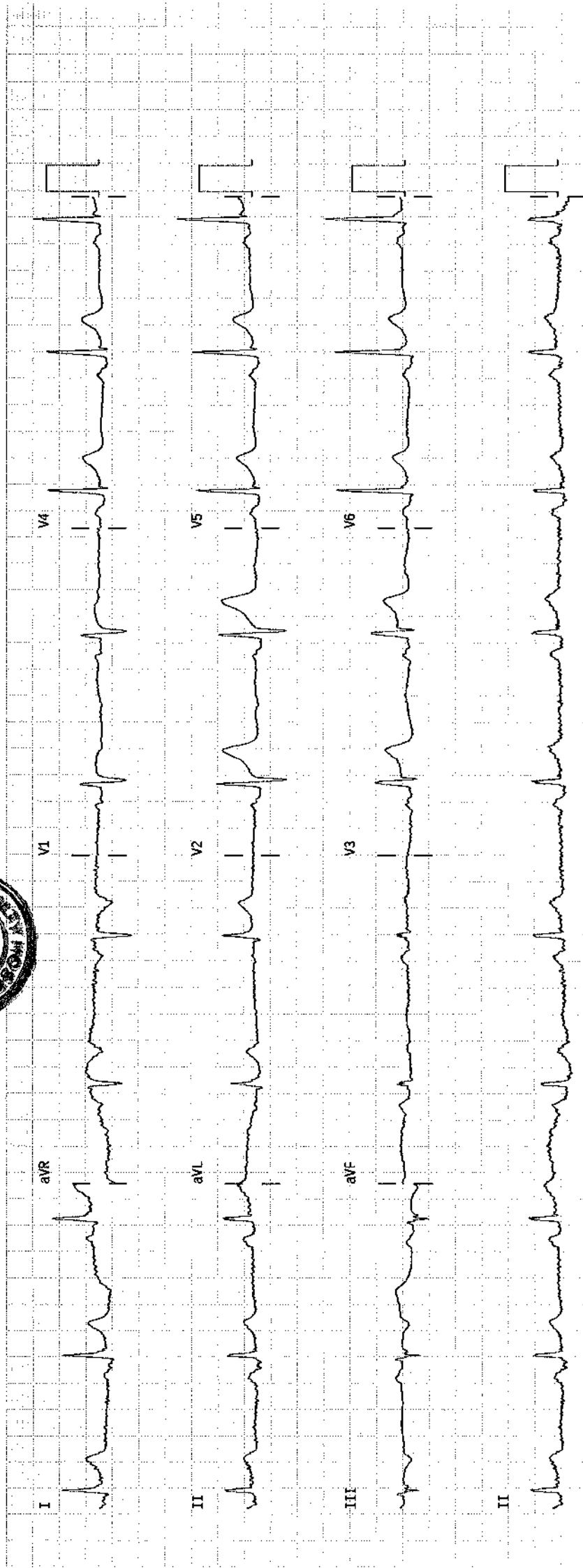
Rate: 55 . Sinus rhythm
 . Abnormal R-wave progression, early transition
 . ST elevation, consider anterior injury
 . Baseline wander in lead(s) II III aVR aVL V2 V3 V4 V5 V6

PR 171
 QRSD 181
 QT 389
 QTcB 372

--AXIS--
 P 64
 QRS 27
 T 10
 12 Leads; Standard Placement

Mrinal Namal Limik

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



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 Hz W

110C CL

P?

Patient Name : Mr. Mrinal Goswami Age : 53 Y M
UHID : STAR.0000061602 OP Visit No : STAROPV73331
Reported on : 18-09-2024 11:41 Printed on : 18-09-2024 11:41
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

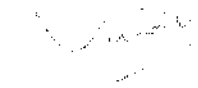
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:18-09-2024 11:41

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Mrinal Goswami
Age : 53 Year(s)

Date : 18/09/2024
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%).
Grade I 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 WITH GRADE I DD.


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

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Mrinal Goswami
Age : 53 Year(s)

Date : 18/09/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	120mm/sec
EPSS	04mm
LA	30mm
AO	29mm
LVID (d)	43mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR.CHHAYA P.VAJA. M. D.(MUM)
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Ph No: 040 - 4904 7777 | www.apollohi.com

Patient name : MR. MRINAL GOSWAMI
Ref. By : HEALTH CHECK UP

Date : 18-09-2024
Age : 53 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 11.9 x 4.8 cms and reveals a tiny calyceal calculus measuring 5.0 mms in the lower pole without any focal caliectasis.

The **LEFT KIDNEY** measures 10.8 x 5.1 cms and reveals a tiny calyceal calculus measuring 5.2 mms in the upper pole without any focal caliectasis.

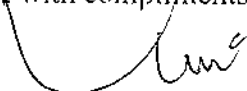
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.1 x 2.6 x 2.3 cms and weighs 10.3 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 **Bilateral Renal non-obstructing tiny calyceal Calculus** as described above.
No other significant abnormality is detected.

Report with compliments.



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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
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Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

Name: *Mrinal Godwani*

Date: *18/9/24*

Age / Sex: *53/M*

Ref No.:

Complaint: *No complaints:*

*— lids - N —
conj - Q
K - clear
Q. ID
R. R. RTD*

Examination

*(0.7:1)
FR+*

Spectacle Rx

ELC

*NS I. (0.6:1)
FR+*

		Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
Distance	<i>6/9</i>	<i>+</i>			<i>6/12</i>	<i>+</i>			
Read		<i>0.25</i>				<i>0.5</i>			
		<i>+2.5 add</i>			<i>↓</i>	<i>+2.5 add</i>			

C.P.G.

N6

6/9 ; N6

Remarks:

Review for cataract evaluation

Medications:

Trade Name	Frequency	Duration

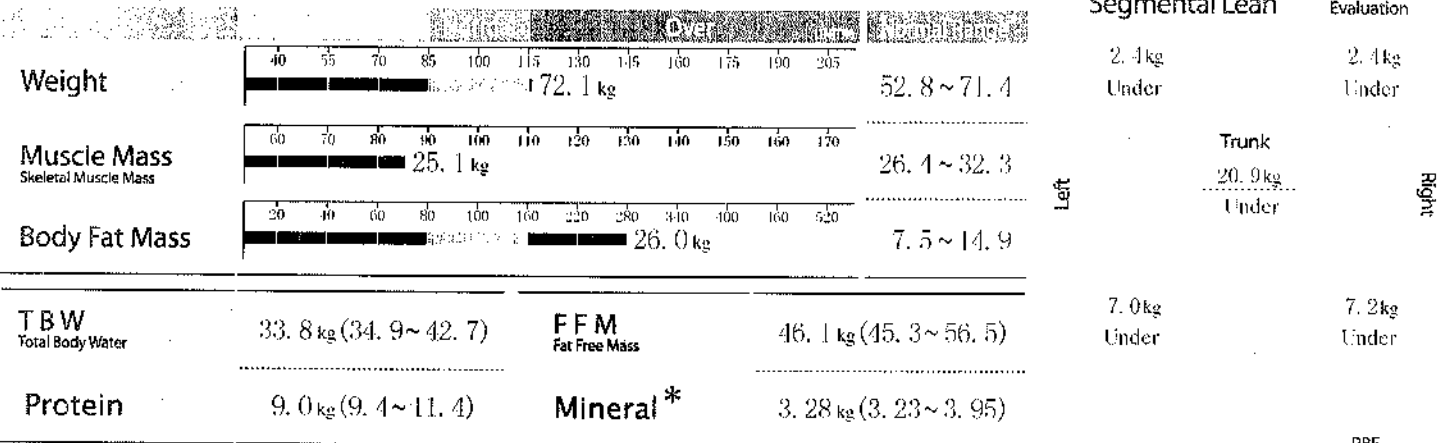
Follow up:

Consultant:

Dr. Nusrat J. Bakhari (Mistress)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1358 73

ID 0 **Mrinal Gaswami** | Height 168cm | Date 18.9.2024 | APOLLO SPECTRA HOSPITAL
 Age 53 | Gender Male | Time 09:55:40

Body Composition



* Mineral is estimated.

Obesity Diagnosis

Measurement	Value	Normal Range	Nutritional Evaluation	Segmental Fat	PBF Fat Mass Evaluation
BMI (kg/m ²)	25.5	18.5 ~ 25.0	Protein <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Deficient	13.3%	43.0%
PBF (%)	36.1	10.0 ~ 20.0	Mineral <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient	2.0kg Over	2.0kg Over
WHR	0.97	0.80 ~ 0.90	Fat <input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive	38.0%	38.0%
BMR (kcal)	1365	1561 ~ 1826		13.6kg Over	13.6kg Over
			Weight Management		
			Weight <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	32.8%	32.5%
			SMM <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Under <input type="checkbox"/> Strong	3.6kg Over	3.7kg Over
			Fat <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	Over	Over
			Obesity Diagnosis		
			BMI <input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" 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 is estimated.

Muscle-Fat Control

Muscle Control + 6.7 kg | Fat Control - 16.7 kg | Fitness Score 57

Impedance

Z	RA	LA	TR	RL	LL
20kHz	315.5	352.2	26.5	259.9	273.6
100kHz	320.7	325.0	23.6	238.0	251.8

* 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: 72.1 kg / Duration: 30min. / unit: kcal)							
Walking: 144	Jogging: 252	Bicycle: 216	Swim: 252	Mountain Climbing: 235	Aerobic: 252		
Table tennis: 163	Tennis: 216	Football: 252	Oriental Fencing: 361	Gate ball: 137	Badminton: 163		
Racket ball: 361	Tae-kwon-do: 361	Squash: 361	Basketball: 216	Rope jumping: 252	Golf: 127		
Push-ups (development of upper body)	Sit-ups (abdominal muscle training)	Weight training (backache prevention)	Dumbbell exercise (muscle strength)	Elastic band (muscle strength)	Squats (maintenance of lower body muscles)		

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

1400 kcal

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



बैंक ऑफ बरोडा
Bank of Baroda



नाम

मृगाल गोस्वामी

Name

Mrgal Goswami

कार्यकारी फ़ोन

E.C. No.

81239

कार्यकारी अधिकारी

Issuing Authority



कार्यकारी अधिकारी

Signature of Holder

Customer Care

From: noreply@apolloclinics.info
Sent: 16 September 2024 12:10
To: mrinal.goswami@bankofbaroda.com
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear MR. GOSWAMI MRINAL,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO** clinic on **2024-09-18** at **08:15-08:30**.

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

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

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

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

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning. If any medications taken, pls inform our staff before health check.
3. Please bring all your medical prescriptions and previous health medical records with you.
4. Kindly inform our staff, if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any health check during menstrual cycle.

For further assistance, please call us on our Help Line #: 1860 500 7788.

Clinic Address: FAMOUS CINE LABS,156, PT.M.M.MALVIYA RAOD,TARDEO,MUMBAI,400034 .

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

Warm Regards,
Apollo Clinic



Specialists in Surgery

CONSENT FORM

Client Name: Munial Goswami Age: 53/Male
 UHID Number: Star - G1602 Company Name: Aurosemi Healthcare

I Mr/Ms/Ms Munial Goswami Employee of Aurosemi Healthcare
 (Company) Want to inform you that I am not interested in getting Diet Consultation &
ENT Consultation.
 Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 18/09/24.



OUT- PATIENT RECORD

Date : 18/9/2021
 MRNO : 61602
 Name : MR. Mrinal Goswami
 Age/Gender : 53yrs Male
 Mobile No :
 Passport No :
 Aadhar number :

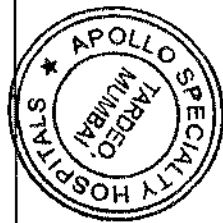
Pulse : 54 /min	B.P : 130/90	Resp : 18 /min	Temp : (N)
Weight 72.1	Height : 168	BMI : 25.5	Waist Circum : 84

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

MEAS - (1)

Married, Nonvegetarian
 Sleep: 4-5 hrs No Allergy.
 No addiction
 (L) Tympanic membranes, abnorm
 FH: Father: JHD
 Jt on J. coneser 1000.
 Normal Report
 Physically fit.



Follow up date:

Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
 Ph No: 022 - 4332 4500 | 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, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038

Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

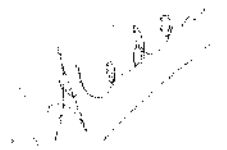
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY
SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.78	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	97.4	fL	83-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	31.4	g/dL	31.5-34.5	Calculated
R.D.W	11.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,640	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	30	%	20-40	Electrical Impedance
EOSINOPHILS	07	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3045.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1692	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	394.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	507.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.8		0.78- 3.53	Calculated
PLATELET COUNT	158000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR
Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 17




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 10:28AM
Reported : 18/Sep/2024 12:24PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

WBC : Normal in number, morphology and distribution. No abnormal cells seen


Platelets : Adequate on smear.

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No: B1ED240229143

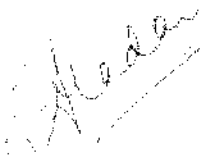
Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 02:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:BED240229143

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000081602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 11:09AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

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




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLF02207479

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 12:50PM
 Received : 18/Sep/2024 01:20PM
 Reported : 18/Sep/2024 01:54PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	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:PLP1485853

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 05:19PM
Reported : 18/Sep/2024 06:48PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.


4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

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

A: HbF > 25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No: EDT240090844

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	123	mg/dL	<150	
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	103.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.12		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.12		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04826242

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.2		<1.15	Calculated
ALKALINE PHOSPHATASE	103.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated

Comment:

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

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.



(Signature)

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04826242



TOUCHING LIVES
Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
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DEPARTMENT OF BIOCHEMISTRY

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

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

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DR. APEKSHA MADAN
NBBS, OPB
PATHOLOGY

SIN No:SE04826242

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.60	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.70	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	106	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.66		0.9-2.0	Calculated




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04826242



TOUCHING LIVES
 Patient Name : Mr.MRINAL GOSWAMI
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	15.00	U/L	16-73	Glycylglycine Kinetic method



Apeksha Madan

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04826242

TOUCHING LIVES
Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.16	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.93	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.380	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

1. 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.
2. 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.
3. 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.
4. 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

Page 13 of 17



Handwritten Signature

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SPL24140039

Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
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DEPARTMENT OF IMMUNOLOGY

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

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




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24140039

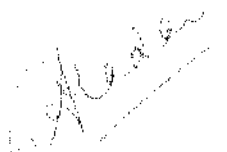
Patient Name : Mr.MRINAL GOSWAMI
 Age/Gender : 53 Y 0 M 15 D/M
 UHID/MR No : STAR.0000061602
 Visit ID : STAROPV73331
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
 Received : 18/Sep/2024 10:28AM
 Reported : 18/Sep/2024 12:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.670	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
 MBBS, OPB
 PATHOLOGY

SIN No:SPL24140039

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 01:28PM
Reported : 18/Sep/2024 03:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.5		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NEGATIVE		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 16 of 17



Apeksha Madan
DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:UR2412652



TOUCHING LIVES



Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E93210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 01:28PM
Reported : 18/Sep/2024 03:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 17 of 17



Apeksha Madan

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

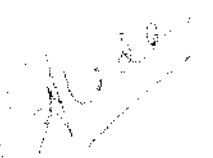
SIN No:UR2412652

Patient Name : Mr.MRINAL GOSWAMI
Age/Gender : 53 Y 0 M 15 D/M
UHID/MR No : STAR.0000061602
Visit ID : STAROPV73331
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

Collected : 18/Sep/2024 09:10AM
Received : 18/Sep/2024 01:28PM
Reported : 18/Sep/2024 03:00PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2412652



Mrinal Male

53Years

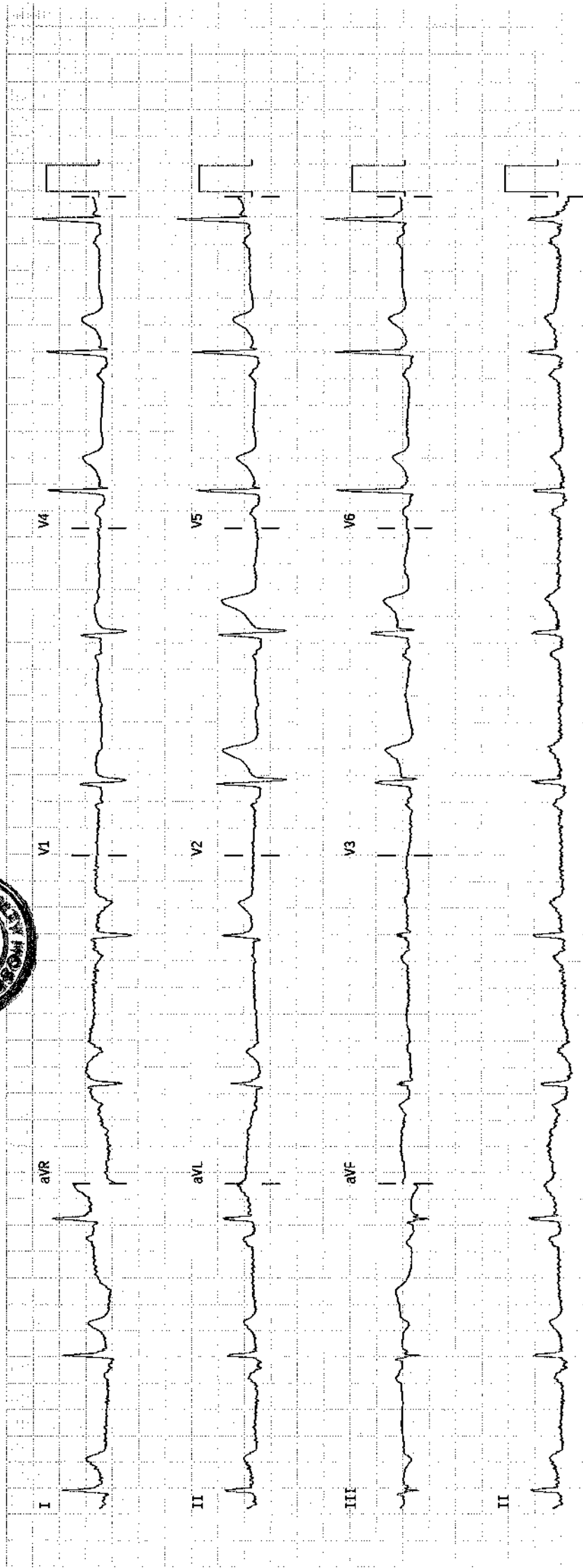
Rate: 55 . Sinus rhythm
 . Abnormal R-wave progression, early transition
 . ST elevation, consider anterior injury
 . Baseline wander in lead(s) II III aVR aVL V2 V3 V4 V5 V6

PR 171
 QRSD 181
 QT 389
 QTcB 372

--AXIS--
 P 64
 QRS 27
 T 10
 12 Leads; Standard Placement

Median Normal limits

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



Device:

Speed: 25mm/sec

Limb: 10.0mm/mv

Chest: 10.00mm/mv

F 50-0.50-40 Hz W

110C CL

P?

Patient Name : Mr. Mrinal Goswami Age : 53 Y M
UHID : STAR.0000061602 OP Visit No : STAROPV73331
Reported on : 18-09-2024 11:41 Printed on : 18-09-2024 11:41
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

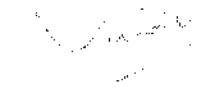
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:18-09-2024 11:41

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Mrinal Goswami
Age : 53 Year(s)

Date : 18/09/2024
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%).
Grade I 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 WITH GRADE I DD.


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

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Mrinal Goswami
Age : 53 Year(s)

Date : 18/09/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	120mm/sec
EPSS	04mm
LA	30mm
AO	29mm
LVID (d)	43mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR.CHHAYA P.VAJA. M. D.(MUM)
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Ph No: 040 - 4904 7777 | www.apollohi.com

Patient name : MR. MRINAL GOSWAMI
Ref. By : HEALTH CHECK UP

Date : 18-09-2024
Age : 53 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 11.9 x 4.8 cms and reveals a tiny calyceal calculus measuring 5.0 mms in the lower pole without any focal caliectasis.

The **LEFT KIDNEY** measures 10.8 x 5.1 cms and reveals a tiny calyceal calculus measuring 5.2 mms in the upper pole without any focal caliectasis.

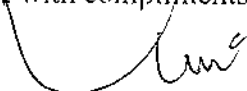
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.1 x 2.6 x 2.3 cms and weighs 10.3 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 **Bilateral Renal non-obstructing tiny calyceal Calculus** as described above.
No other significant abnormality is detected.

Report with compliments.



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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
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Ph No: 040 - 4904 7777 | www.apollohl.com

EYE REPORT

Name: *Mrinal Godwani*

Date: *18/9/24*

Age / Sex: *53/M*

Ref No.:

Complaint: *No complaints.*

*— lids - N —
conj - Q.
K - clear
Q. ID
R. R. RT ⊙*

Examination

*(0.7:1)
FR+*

Spectacle Rx

ELC

*NS I. (0.6:1)
FR+*

		Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis	
Distance	<i>6/9</i>	<i>+</i>			<i>6/12</i>	<i>+</i>			
Read		<i>0.25</i>	<i>—</i>		<i>↓</i>	<i>0.5</i>	<i>—</i>		
		<i>+2.5 add</i>				<i>+2.5 add</i>			

C.P.G.

N6

6/9 ; N6

Remarks:

Review for cataract evaluation

Medications:

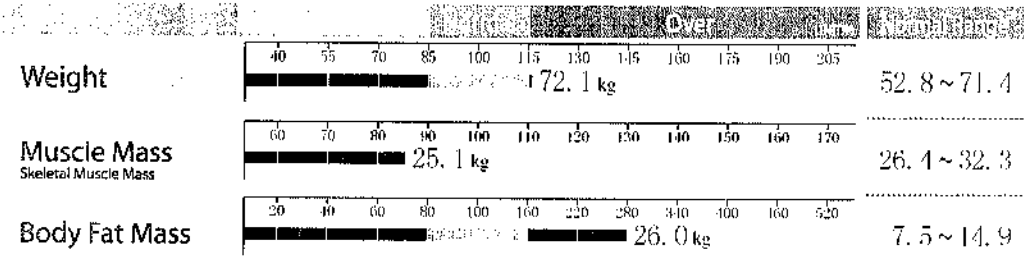
Trade Name	Frequency	Duration

Follow up:

Consultant:

Dr. Nusrat J. Bakhari (Mistress)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1358 73

Body Composition



Segmental Lean		Lean Mass Evaluation
	2.4kg	2.4kg
	Under	Under
Left	Trunk	
	20.9kg	
	Under	
Right		
	7.0kg	7.2kg
	Under	Under

TBW Total Body Water	33.8 kg (34.9 ~ 42.7)	FFM Fat Free Mass	46.1 kg (45.3 ~ 56.5)
Protein	9.0 kg (9.4 ~ 11.4)	Mineral*	3.28 kg (3.23 ~ 3.95)

* Mineral is estimated.

Obesity Diagnosis

BMI Body Mass Index (kg/m ²)	25.5	18.5 ~ 25.0
PBF Percent Body Fat (%)	36.1	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.97	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1365	1561 ~ 1826

Nutritional Evaluation		
Protein	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
Weight Management		
Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under <input checked="" 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 type="checkbox"/> Normal	<input type="checkbox"/> Under <input checked="" 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
	13.3%	43.0%
	2.0kg	2.0kg
	Over	Over
Left	Trunk	
	38.0%	
	13.6kg	
	Over	
Right		
	32.8%	32.5%
	3.6kg	3.7kg
	Over	Over

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 6.7 kg Fat Control - 16.7 kg Fitness Score 57

Impedance

Z	RA	LA	TR	RL	LL
20kHz	315.5	352.2	26.5	259.9	273.6
100kHz	320.7	325.0	23.6	238.0	251.8

* 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: 72.1 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
144	252	216	252	235	252		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
163	216	252	361	137	163		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
361	361	361	216	252	127		
Push-ups	Sit-ups	Weight training	Dumbbell exercise	Elastic band	Squats		
development of upper body	abdominal muscle training	backache prevention	muscle strength	muscle strength	enhancement of lower body muscles		

- 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**

1400 kcal

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



Specialists in Surgery

CONSENT FORM

Client Name: Munial Goswami Age: 53/Male
 UHID Number: Star - G1602 Company Name: Aurosemi Healthcare

I Mr/Ms/Ms Munial Goswami Employee of Aurosemi Healthcare
 (Company) Want to inform you that I am not interested in getting Diet Consultation &
ENT Consultation.
 Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature] Date: 18/09/24.



Patient Name : Mr. Mrinal Goswami

Age/Gender : 53 Y/M

UHID/MR No. : STAR.0000061602

OP Visit No : STAROPV73331

Sample Collected on :

Reported on : 18-09-2024 11:41

LRN# : RAD2417204

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 22E33210 Emp ID - 81239

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. Mrinal Goswami	Age/Gender	: 53 Y/M
UHID/MR No.	: STAR.0000061602	OP Visit No	: STAROPV73331
Sample Collected on	:	Reported on	: 18-09-2024 11:31
LRN#	: RAD2417204	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22E33210 Emp ID - 81239		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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.

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IMPRESSION: The Ultrasound examination reveals **Bilateral Renal non-obstructing tiny calyceal Calculus** as described above.
No other significant abnormality is detected.

Patient Name : Mr. Mrinal Goswami

Age/Gender : 53 Y/M



Dr. VINOD SHETTY
Radiology