

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : STAR.0000028362
Visit ID : STAROPV71899
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 11:50AM
Reported : 27/Jul/2024 02:08PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic


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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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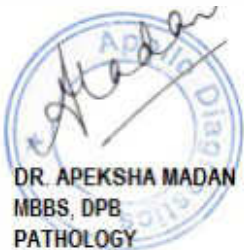
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.8	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,860	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4116	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2195.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	137.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	411.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	329000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324


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

Platelets : Adequate in Number

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IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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

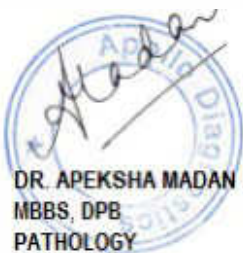
Note:

- 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.

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

Comment:

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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
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Consultant Pathologist



SIN No:EDT240081328

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	262	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	156	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	226	mg/dL	<130	Calculated
LDL CHOLESTEROL	194.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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 MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DERITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		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.

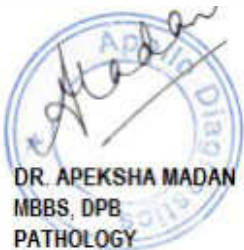
2. Cholestatic Pattern:

*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. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.06	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	32.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	10.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		0.9-2.0	Calculated

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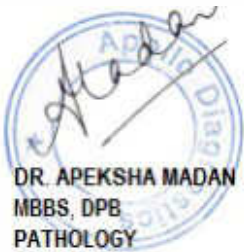
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.00	U/L	16-73	Glycylglycine Kinetic method

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	4.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	174.225	µIU/mL	0.38-5.33	CLIA

Result is rechecked. Kindly correlate clinically

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



Dr. Pratibha Kadam
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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



SIN No: SPL24124146

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 Raghupathi Chambers,
 Begumpet, Hyderabad, Telangana - 500016

Address:

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

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : STAR.0000028362
Visit ID : STAROPV71899
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 01:55PM
Reported : 27/Jul/2024 03:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

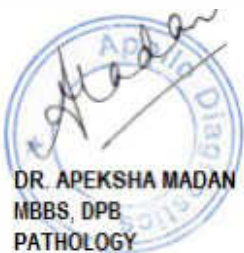
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	Few Calcium Oxalate seen		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.

Page 14 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2394729

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Address:

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

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : STAR.0000028362
Visit ID : STAROPV71899
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Emp/Auth/TPA ID : 95415


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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

*** End Of Report ***

Page 15 of 15


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2394729

Apollo Speciality Hospitals Private Limited

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Begumpet, Hyderabad, Telangana - 500016

Address:

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

Customer Care

From: noreply@apolloclinics.info
Sent: Friday, July 26, 2024 3:33 PM
To: kaus.212@gmail.com
Cc: cc.tardeo@apollospectra.com; syamsunder.m@apollohl.com
Subject: Your appointment is confirmed



Dear Kaustubh Parab Parab,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-07-27** 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 MALE - TMT - 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.

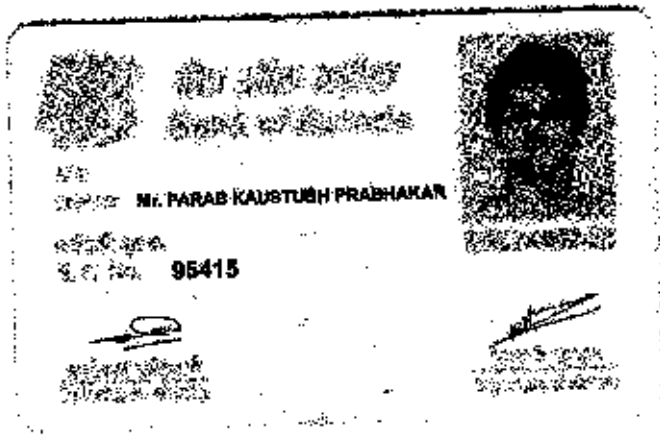
For further assistance, please call us on our Help Line #: 1860 500 7788.

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

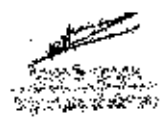
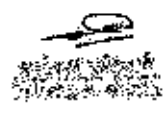


MR. PARAB KAUSTUBH PRABHAKAR



MR. PARAB KAUSTUBH PRABHAKAR

95415



PARAB, KALISTUBH
ID: 000028362

27 Jun 2024
11:25:05

39 years

Asian

Male

Referred by
Post Ind.

BRUCE

Max HR: 159 bpm - 85% of max predicted: 197 bpm

Max BP: 136/90

Reaset for Termination: Target HR Achieved

Comments: SERESS TEST IS NEGATIVE

Total Exercise Time: 6:52

Maximum workload: 8 SMPRS

23.6 min/s
10.0 min/mV
100hz



Stage Name	ImcEN Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	HRP (bpm)	RRP (x100)
STANDING	0-05	0.0	0.0	0	97	136/90	126
SHUFFLE	0-16	0.8	0.0	1.0	95		
STAGE 1	0-20	1.0	10.0	1.0	104		
STAGE 2	1-00	2.5	2.0	4.8	133		
STAGE 3	0-32	0.4	0.0	2.0	101		
RECOVERY	2-03	0.0	0.0	0.0	84	130	

Technician

APOLO SPECTRA-TARDEO MUMBAI

Unconfirmed

MAC:05-109P

PARAB KAUSTUBH
EP: 000026962

27-JUL-2024
11:28:37

94 bpm

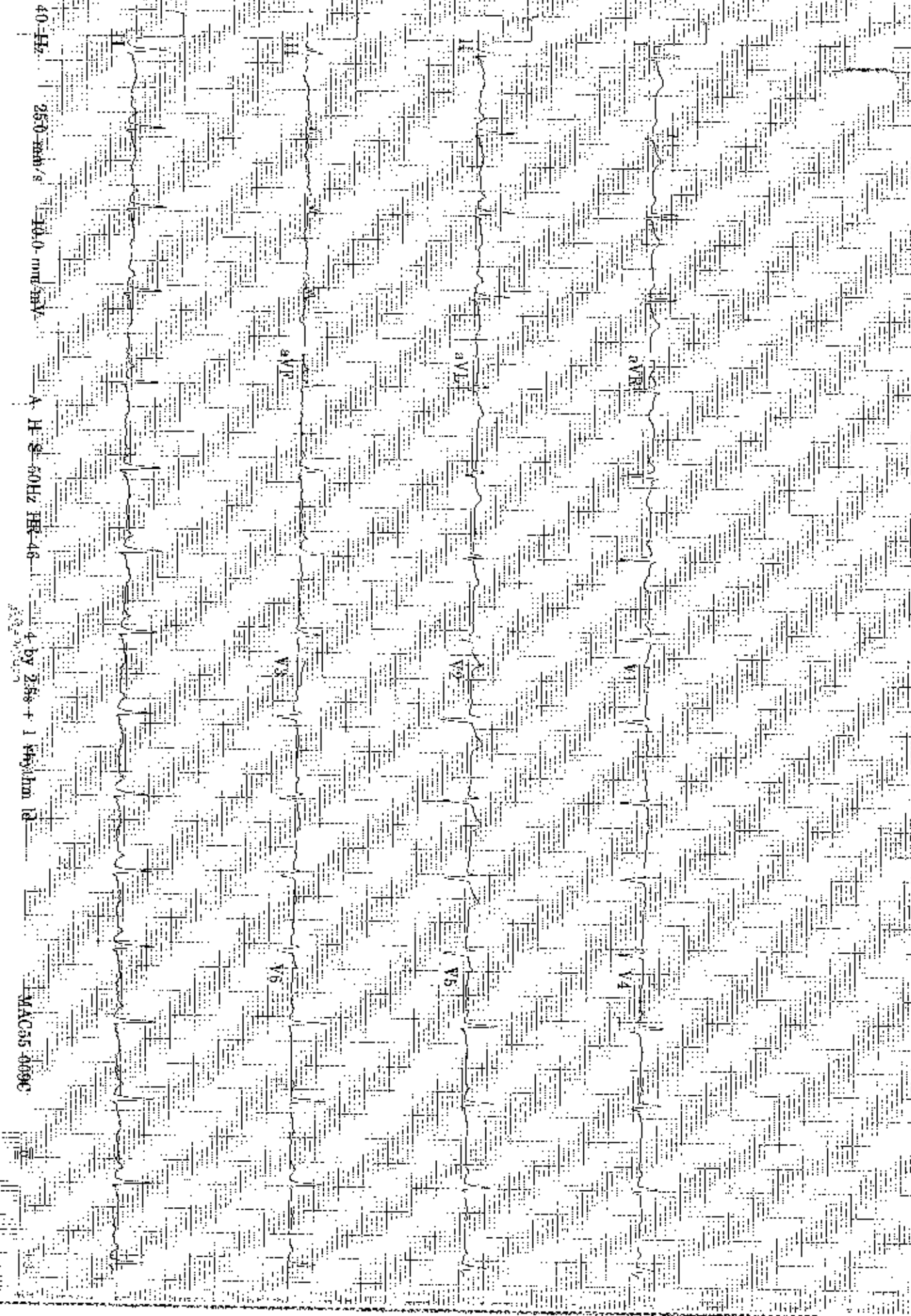
HEAREST
STANDING

0:33

BRUCE

xx kmph
11:25:01

AROUND SPECIES JARISO MUMBAI



40-Hz 250-mm/s 10.0-mm/mV

A-H 60Hz HR-46

4 by 2.5s + 1 Vx/10m I2

MAC35 0090

PAINEE KAUJSTERI
ID: 006035262

27-Jan-2024
11:38:23

92bpm

PRETEST:
SPLINE
(819)

BRUCE
** *
** *
** *
** *

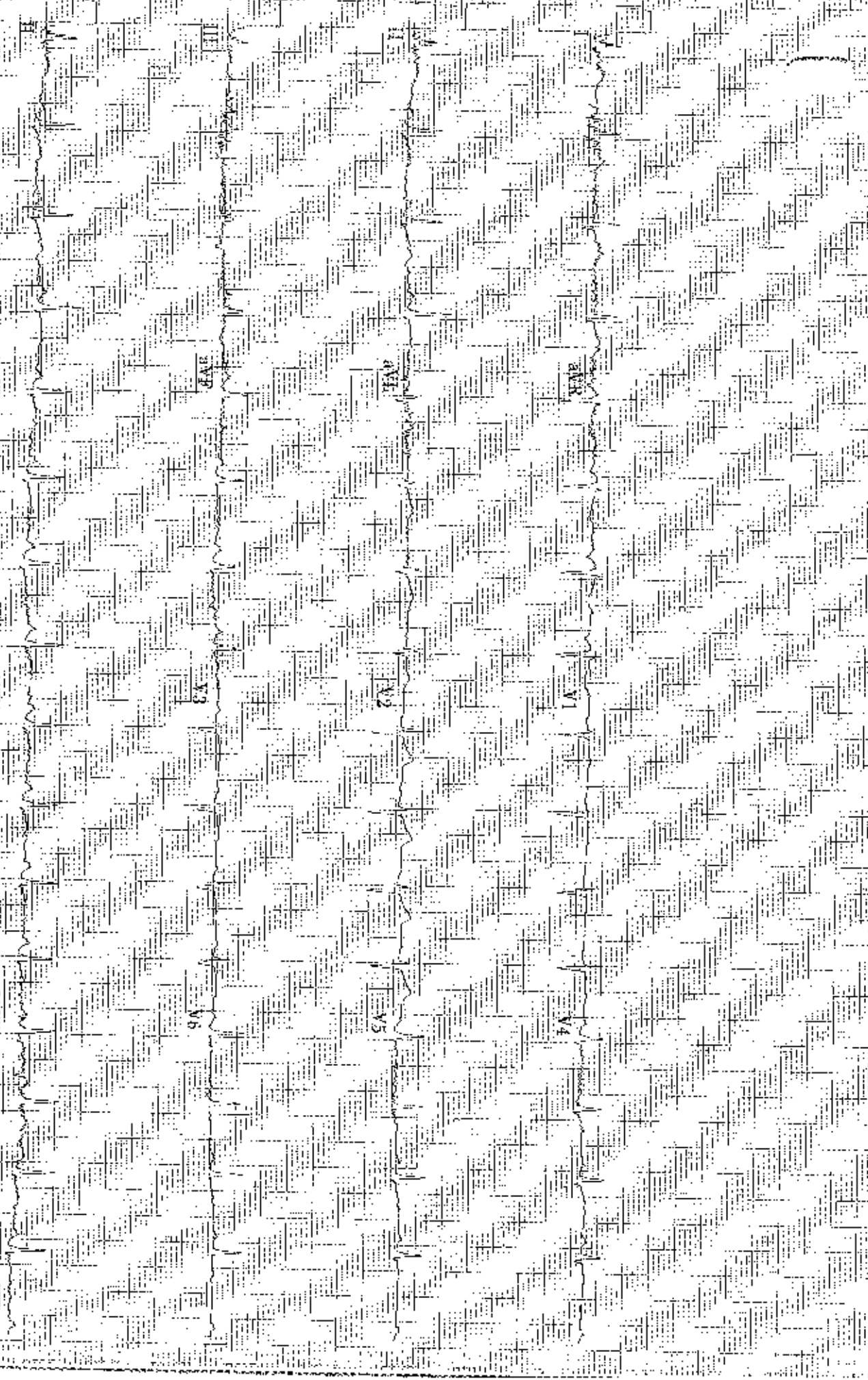
AFOLIO SPECTRA IAKDOO MUMBAI

40 Hz
250 mm/s
10.0 mm/div

A-E-S 50HZ-HR 46

4 BY 256-1-1 rhy/HR-10

MA655 0090



PAHAR KASHIYUBH
ID: 0000283692

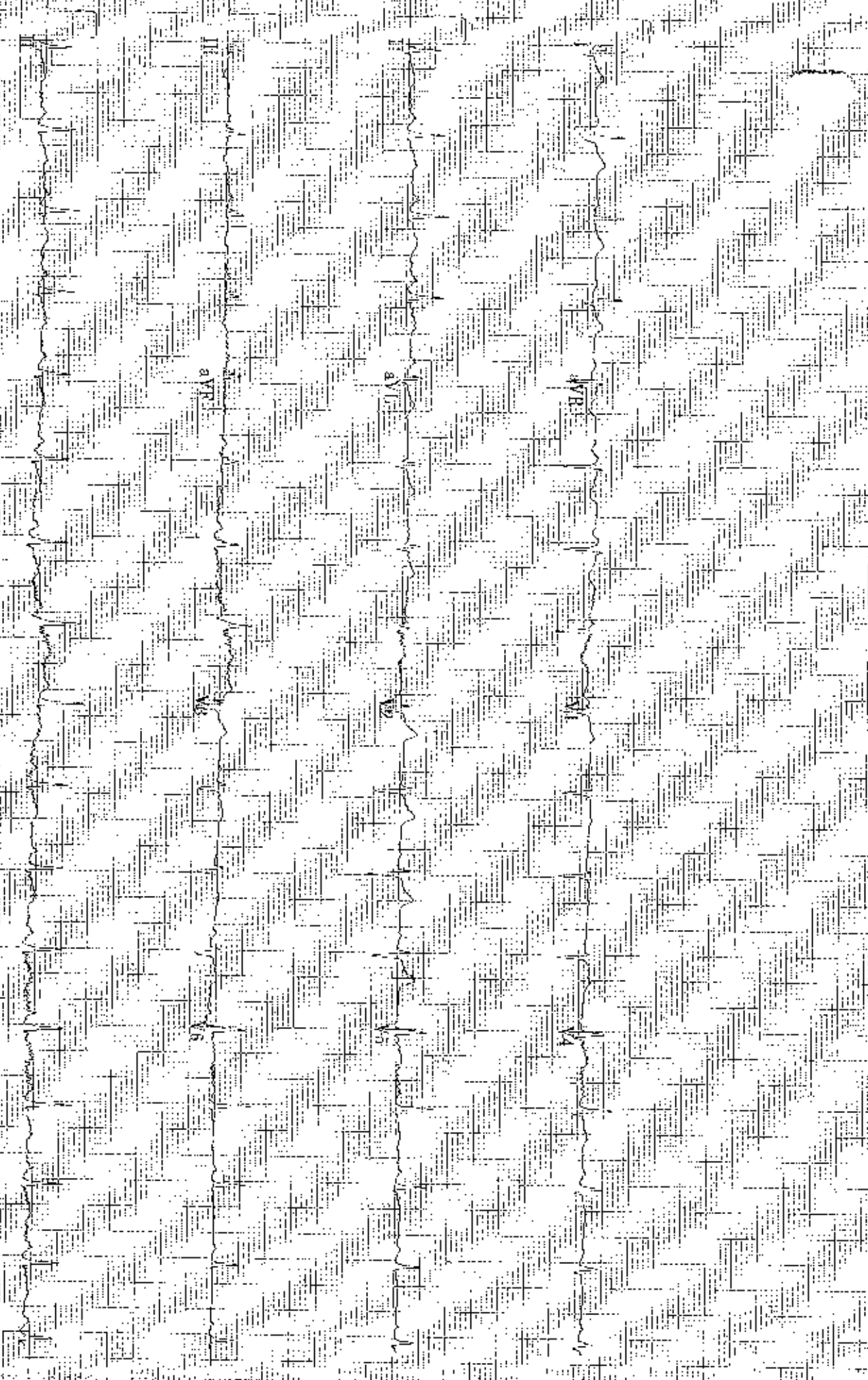
27 Jul 2024
11:38:00

102001

PRETEST
HYPERVENT
044

BRUCE
***2 mpa
***%

AT VEDIC SUPERINA LAXDHO MUMBAI



40 Hz 25.0 mm/s 100 mm/mV

A-H S1 50Hz HR 48

4 by 2.5 + 1 rhythm id

MAG55-0090

PAPER: KATESUTBH
ID: 099028362

27 Jul 2021
H-4 E44

134 bpm

TEXT ROISE
SPEECH 1
2488

BRUCE
Strength
10.0%

APOLLO SPECTRA TARDIO MUMBAI

Lead
SPEECH
Stop in V 8

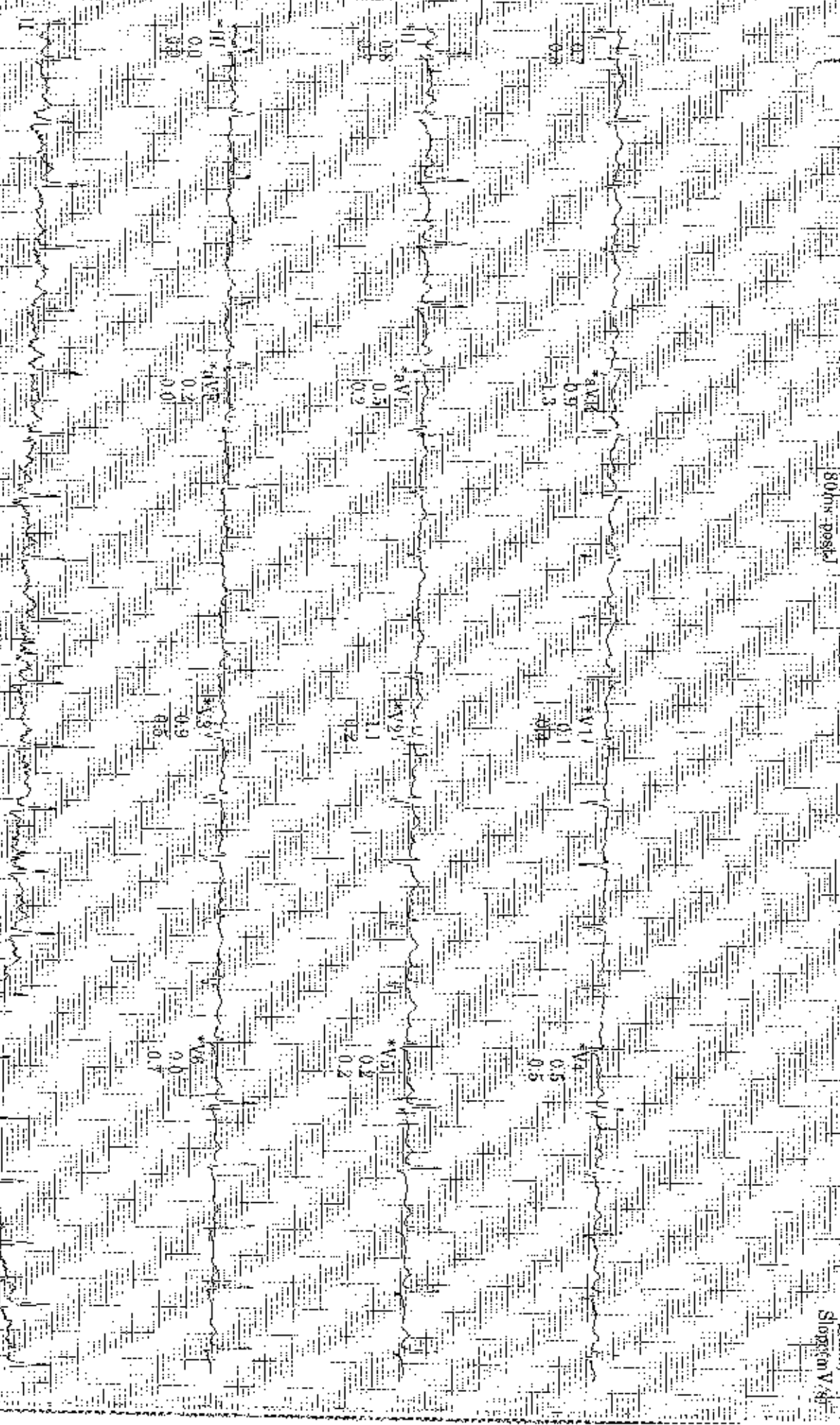
S1 @ 10mm/AV
80ms postd

Raw Rhythm
40 Hz 25.0 mm/s 10.0 mm/mV

A-H-SI 50Hz-EP 46

MAC65-0090

Computer Synthesized Rhythm



PATIENT: KALUSTIUBH
ID: 000028365

27-Jun-2024
11:45:48

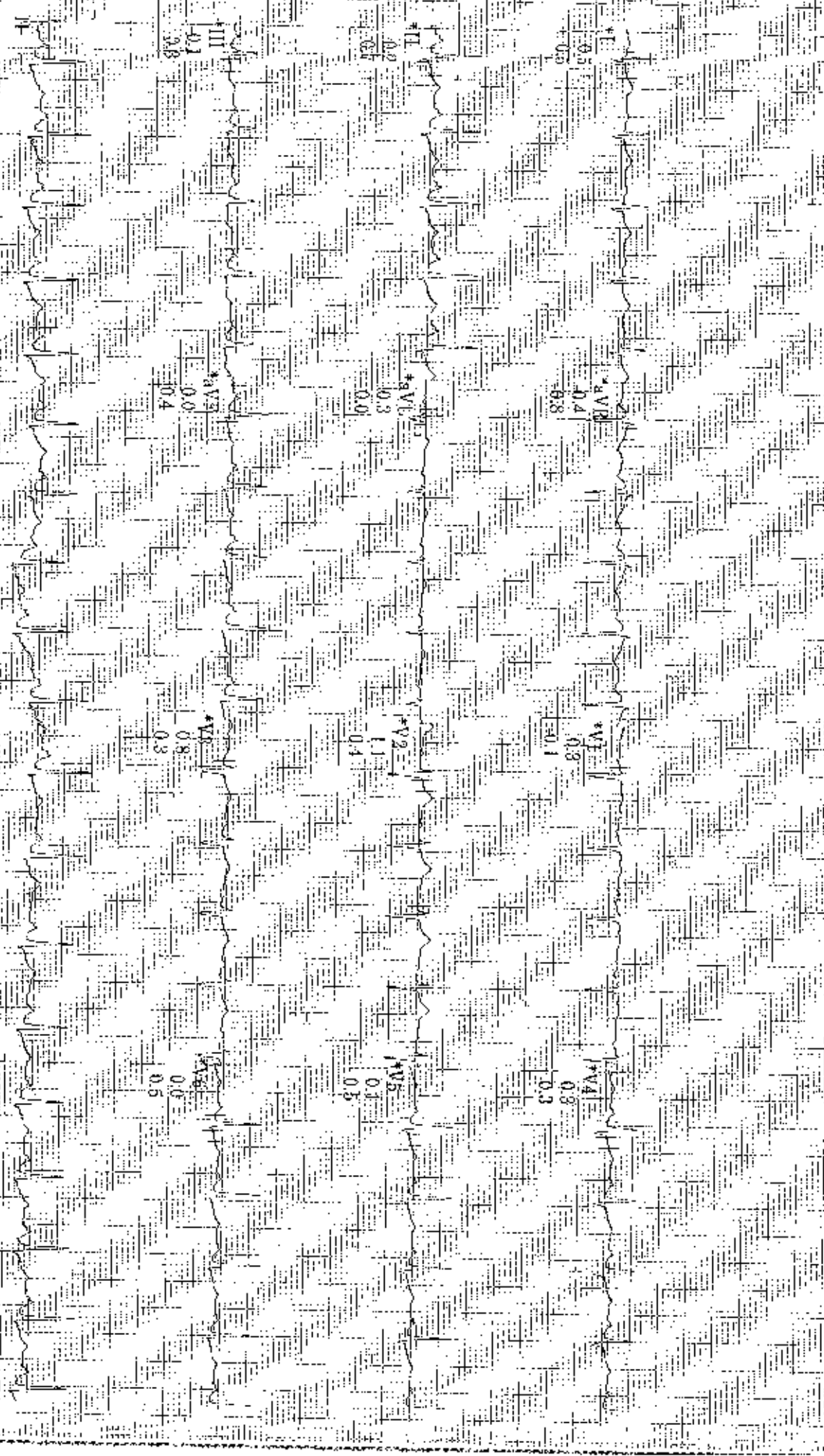
116ppm

REGENERY
Post 2:00

APOLLO SPECTRA TARDPO ML(MBA)
BRUCE
34.5 mph
300ms post E

STP @ 10mm/mV
300ms post E

Lead
STP(mV)
Slope(mV/s)



Raw Rhythm
40 Hz
25.0 mm/s

10.0 mm/mV

A-F-S 50Hz HR 48

* Computer Synthesized Rhythm

MAC35-009C

PARR, KAUSENBH
ID: 00028382

975 Jul 0 24
11:46:48

REMOVED - MCDIANS REPORT

RECOVERY
Post
100

APOLLO SPECTRA TARDPO NUNB34
BRUCE
24 mph
***%

ST @ 100074V
Sums postd

Lead
ST (mm)
Slope (mV/s)

Raw rhythm

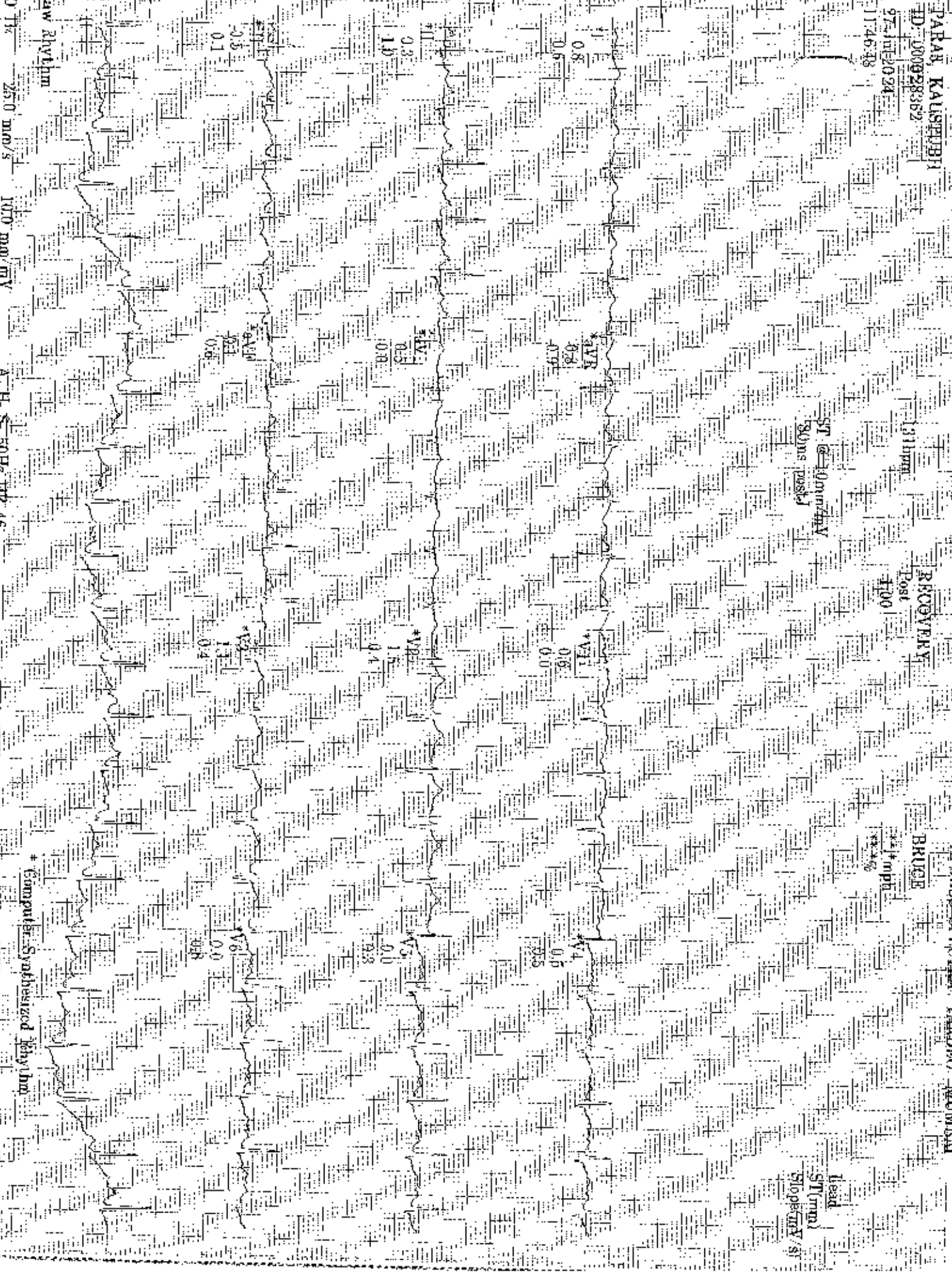
40 TR
25.0 mm/s
100 mm/mV

A-H S 50Hz TR 46

3.499 sec

* Computer Synthesized rhythm

MTAC55-709C



PABAI KAISTUBH
ID: 610028862

39 years

Asian

Male

BRUCE

Max HR 150bpm - 85% of max predicted 187bpm
Max BP 130/90
Max/min workload 8 METS

Total Exercise time: 6:42

Referred by:
Tel Ind:

Referred for: Referred for
Complaints: Target HR Achieved

25.0 miles
133.0 mm/hV
100bV

Referred by:
Tel Ind:

BASELINE

EXERCISE STAGE 1
10 METS

ST @ 10m/min
80m post

Lead ST (mV)
Slope mV/g

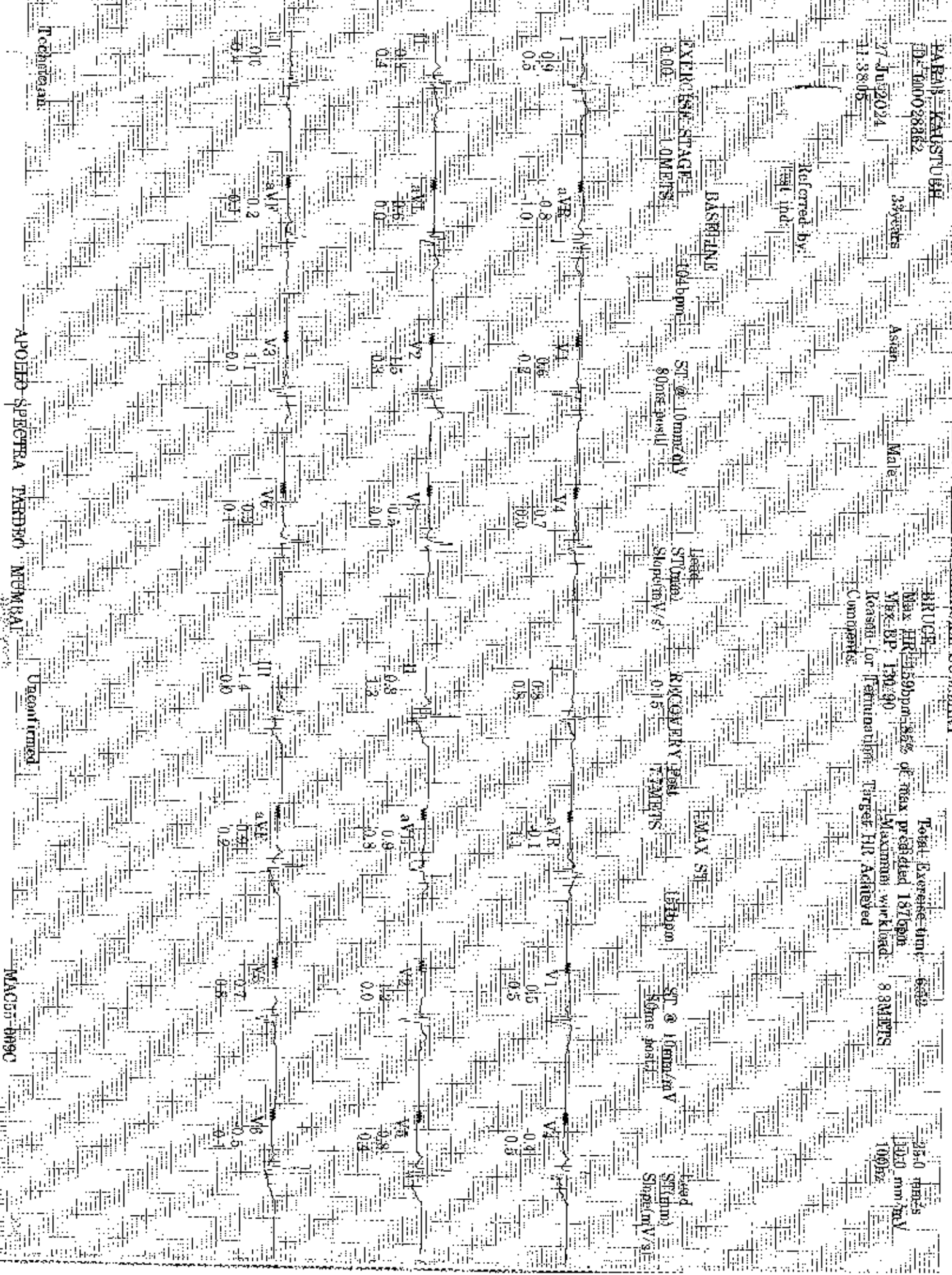
RECOVERY TEST
1 METS

MAX ST

18bpm

ST @ 10m/min
80m post

Lead ST (mV)
Slope mV/g



Tech: Jagan

APOLLO SPECTRA TARDRO MEMBAT

Unconformed

MAC55-089C

PAPAI KEESJUBH
ID: 000028902

33years

Asian

Male

BRUC
Total Exercise time 0:52
Max HR 159bpm (55% of max predicted 187bpm)
Max BP 170/90
Maximum workload 8.3MHITS

Reason for Permutation: Target HR Achieved

Comments: STRESS TEST IS NEGATIVE

25.0 mads
10.0 mm/mV
100Hz

27 Jul 2024
11:18:05

Registered by
Test 10d

BASELINE

EXERCISE STAGE 1
2:00
CONVERTS

100bpm

ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slope(mV/s)

RECOVERY Post
0.15
7.7MHITS

MAX ST
151bpm

ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slope(mV/s)



Technician

APOLLO SPECTRA PAMDEO MERRAI

Uncertified

MA055-009C

07/7/2024 **OUT-PATIENT RECORD**

MRNO : 28862
Name : M R. / Constable Panab
Age/Gender : 39 yrs / Male
Mobile No :
Passport No :
Avatar number :

Pulse : 92/min	BP : 130/80	Resp : 18/min	Temp : (N)
Weight : 89.5	Height : 1.66	BMI : 32.5	Waist Circum : 94 cm

M R GMS - 01

General Examination / Allergies / History

Clinical Diagnosis & Management Plan

Unmarried Nonveg
Sleep @ No Allergy
No Addison, Hypothyroid / Positional vertigo.
FH: Mother: HT
Lipid ↑ / UA 10.20 / TSH 174
1) Avoid salt/ghee/High protein diet
2) Morning walk - 15 min daily
3) Repeat Lipid / UA after 3 months
4) Refer to Endocrinologist

Physically Fit.



(Signature)
Doctor Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph: Net 022 443324500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG200911C099414)
(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

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

REFERRAL REPORT

Name: Kastubh Parab

Date: 27/7/24

Age / Sex: 33 / M.

Ref No:

Complaint: Use C.L. 10-12 hrs/day

..... And seg: wNL

Examination

..... O.C.I.

U.A: 6/12 (comfortably)
N6 0

FR+

CL < -1.25
-0.75

Spectacle Rx

	Right Eye				Left Eye				
	Dist	Med	Lat	Axis	Dist	Med	Lat	Axis	
P.G. Distance	6/6	N6	-2.5	---	6/6	N6	0.75	0.5	70°
Read									

Remarks:

↓ CL. Home

Medications:

Trade Name	Frequency	Duration
Systema Ultra eye drops	2-3 times	cont

Follow up:



Consultant:

Dr. Nasim J. Bhattarai (M.D.)

M.D., D.O.M.S. (GOLD MEDALIST)

Reg. No. 2012/10/2914

Mob: 9850 1858 73



TEACHING LIVES

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No : STAR.0000028362
 Visit ID : STAROPV71899
 Ref Doctor : Dr.SELF
 Emp/Audh/TPA ID : 95415



Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 11:58AM
 Reported : 27/Jul/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APR1 Index.




 DR. APEKSHA MADAN
 MBBS DRR
 PATHOLOGY

SIN No:SE04793454

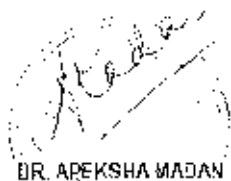
Patient Name : Mr. KAUSTUBH PRAS- AKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 LHID/MR No : STAR.0000028362
 Visit ID : STARCPV71899
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 95415

Collected : 27/JUL/2024 09:42AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.06	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	32.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	10.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	5.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		0.9-2.0	Calculated

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:8694793454



1000 HPO LINE

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 53 Y 3 M 8 D/M
 UHID/MR No : STAR.B000026362
 Visit ID : STAROPV71896
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 95415



Collected : 27/JUL/2024 09:42AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), <i>SERUM</i>	26.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN
 MERS DPB
 PATHOLOGY

SIN No.SEM1793454

TOUCHING LIVES

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No. : STAR 0000026332
 Visit ID : STAROPV71899
 Ref Doctor : Dr.SPLF
 Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 04:41PM
 Reported : 27/Jul/2024 07:12PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.94	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	4.52	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	174.225	µIU/mL	0.38-5.33	CLIA

Result is rechecked. Kindly correlate clinically

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

Page 12 of 15




Dr. Pretibha Kadari
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist

SIN No: SPL24124146

Patient Name : Mr KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 11 M 6 D/M
 UHL/MR No : STAR.33601/28362
 Visit ID : STAROPV71898
 Ref Doctor : Dr SELF
 Emp/Auth/TPA ID : 95415

Collected : 27/JUL/2024 09:42AM
 Received : 27/JUL/2024 04:41PM
 Reported : 27/JUL/2024 07:12PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHomz/Thyrotropinoma



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

SIN No: SPL24124146



Patient Name : Mr.KAUSTUBH PRABHAKAR FARAP
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : STAR.0000028302
Visit ID : STAROPV71895
Ref Doctor : Dr SELF
Emp/Auth/TPA ID : 35415

Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 01:55PM
Reported : 27/Jul/2024 03:39PM
Status : Final Report
Sponsor Name : ARCO-EMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

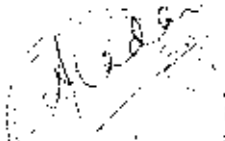
Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
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	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	Few Calcium Oxalate seen		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.




DR. APEKSHA MADAN
MRS, DPE
PATHOLOGY

SIN No:UR22/4729



APOLLO LAB SERVICES

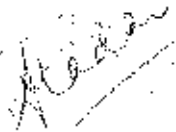
Patient Name : Mr KAUSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 6 D/M
UHID/MR No : STAR.0000028382
Visit ID : STARCPV71889
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 01:56PM
Reported : 27/Jul/2024 03:39PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

*** End Of Report ***

Page 15 of 15


DR. APEKSHA MADAN
MBBS, FRCR
PATHOLOGY



SIN No:UK2294729

Patient Name : MR. KAUSTUBH PARAB
Ref. By : HEALTH CHECK UP

Date : 27-07-2024
Age : 33 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). 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 11.1 x 4.7 cms and the **LEFT KIDNEY** measures 11.7 x 5.0 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

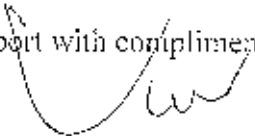
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.6 x 2.7 x 2.3 cms and weighs 12.2 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. 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
Ph No: 022 - 4332 4500 | www.apollospectra.com

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100 IG2009PTC039414)
(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. KAUSTUBH PRABHAKAR PARAB	Age	: 33 Y M
UHID	: STAR.0009028362	OP Visit No	: STAROPV71899
Reported on	: 27-07-2024 11:30	Printed on	: 27-07-2024 11:30
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:27-07-2024 11:30

---End of the Report---



Dr. VINOD SHEFFY
Radiology



YOU BEHOLD A NEW

Parent Name : Mr.KAUSHUBH PRAKASHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No : STAR.0000028362
 Visit ID : STAROPV71899
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 95415



Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 11:50AM
 Reported : 27/Jul/2024 02:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:BCD240196943

TOUCHING LIVES
 Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No : STAR.0000028382
 Visit ID : STAROPV71899
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 85415

Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 11:50AM
 Reported : 27/Jul/2024 02:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

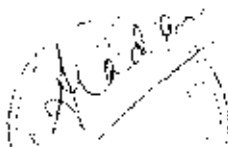
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.1	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	42.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	91.8	fL	83-101	Calculated
MCH	30.7	pg	27-32	Calculated
MCHC	33.4	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,860	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4116	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2195.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	137.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	411.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.88		0.78- 3.53	Calculated
PLATELET COUNT	329000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic




 DR. APEKSHA MADAN
 MRS. DPE
 PATHOLOGY

SIN No:DED240195943



FOURTH FLOOR

Patient Name : Mr.KALJSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 6 D/M
UHID/IR No : STAR.0000028332
Visit ID : STAROPV71899
Ref Doctor : Dr.SELF
Emp/Auth/T?A ID : 85415



Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 11:50AM
Reported : 27/Jul/2024 02:08PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Notes/Comment : Please Correlate clinically

Page 3 of 15




DR. APEKSHA MADAN
MBBS, DPE
PATHOLOGY

SIN No:DCD240186943



Parent Name : Mr.KAUSTUBH FRABHAKAR PARAB
 Age/Gender : 35 Y 3 M 6 DIM
 UHID/MR No : STAR.0000028382
 Visit ID : STAROPVY1899
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 11:50AM
 Reported : 27/Jul/2024 02:08PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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



(Signature)
 DR. APEKSHA MADAN
 MBBS, DPE
 PATHOLOGY
 SIN No:DELD240195943

TO JO I:RQ L VEG

Patient Name : Mr.KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 D/M
 UHID/MR No : STAR.DB00026362
 Visit ID : STAROPV71898
 Ref Doctor : Dr.SELF
 Emp/A.ch/TPA ID : 95415

Collected : 27/Jul/2024 02:31PM
 Received : 27/Jul/2024 03:42PM
 Reported : 27/Jul/2024 04:28PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Expertise. Empowering you.

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	103	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 \geq or = 126 mg/dL and/or a random / 2 hr post glucose value of \geq or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

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

Comment:

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




 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:PLP1477943

TOUCHING LIVES

Patient Name : MR. KAUSTUBH PRABHAKAR PARAB
Age/Gender : 33 Y 3 M 8 D/M
UHID/MR No : STARJ333028362
Visit ID : STAROPV71898
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
Received : 27/Jul/2024 04:41PM
Reported : 27/Jul/2024 05:34PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		iHPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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.

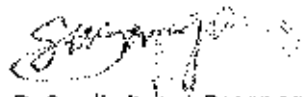
5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (HPLC/immuno) estimation is recommended for Glycemic Control.

A: HbF >25%

B: Hemolytic Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 15

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

SIN No: EDT240081528

Patient Name : Mr. KAUSTUBH PRABHAKAR PARAS
 Age/Gender : 33 Y 3 M 6 DM
 UHID/VR No : STAR.0000328362
 Visit ID : STAROPV71899
 Ref. Doctor : Dr. SELF
 Emu/Auth/TPA ID : 95415

Collected : 27/Jul/2024 09:42AM
 Received : 27/Jul/2024 11:59AM
 Reported : 27/Jul/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	262	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	156	mg/dL	<150	
HDL CHOLESTEROL	36	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	226	mg/dL	<130	Calculated
LDL CHOLESTEROL	194.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	7.28		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<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, DPM
 PATHOLOGY

SIN No:SE04793454

FOR BETTER LIVES

Patient Name : Mr. KAUSTUBH PRABHAKAR PARAB
 Age/Gender : 33 Y 3 M 6 DM
 UHID/MR No : STAR.0000028362
 Visit ID : STAROPV71899
 Ref Doctor : Dr. SELLU
 Emp/Auth/TPA ID : 95415

Collected : 27/JUL/2024 09:42AM
 Received : 27/JUL/2024 11:59AM
 Reported : 27/JUL/2024 03:38PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dl	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	37	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.7-8.3	BIURET
ALBUMIN	5.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.89		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.



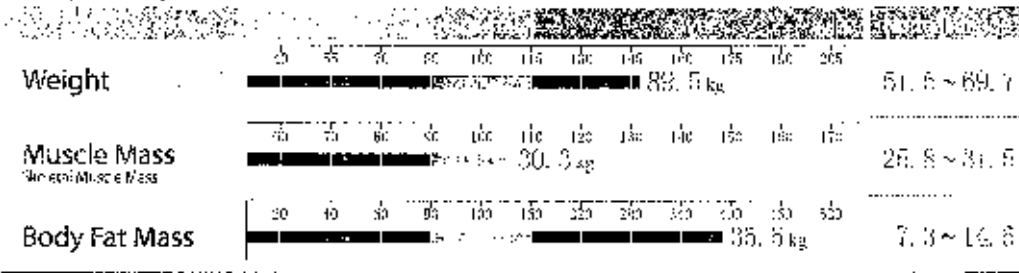

 DR. APEKSHIA MADAN
 MBBS, DPG
 PATHOLOGY

SIN No:SE04793454

Kenneth Povich

ID: 0 | Height: 188cm | Date: 27.7.2024 | APOLLO SPECTRA HOSPITAL
 Age: 32 | Gender: Male | Time: 10:09:10

Body Composition



Segmental Lean

3.7 kg (Normal) | 3.3 kg (Normal)

Trunk: 26.0 kg (Normal)

Left | Right

TBW (Total Body Water): 39.7 kg (34.1 ~ 41.7) | **FFM** (Fat Free Mass): 54.0 kg (44.3 ~ 55.2)

Protein: 10.6 kg (9.1 ~ 11.2) | **Mineral***: 3.88 kg (3.15 ~ 3.86)

7.9 kg (Under) | 8.1 kg (Under)

Obesity Diagnosis

BMI (Body Mass Index) (kg/m²): 32.5 (18.5 ~ 25.0)

PBF (Percent Body Fat) (%): 39.7 (10.0 ~ 20.0)

WHR (Waist-Hip Ratio): 1.06 (0.80 ~ 0.90)

BMR (Basal Metabolic Rate) (kcal): 1537 (1849 ~ 2178)

Nutritional Evaluation

Protein: Normal | Deficient

Mineral: Normal | Deficient

Fat: Normal | Deficient | Excessive

Weight Management

Weight: Normal | Under | Over

SMM: Normal | Under | Strong

Fat: Normal | Under | Over

Obesity Diagnosis

BMI: Normal | Under | Over | Extremely Over

PBF: Normal | Under | Over

WHR: Normal | Under | Over

Segmental Fat

46.3% | 45.1%

2.9 kg (Over) | 2.9 kg (Over)

Trunk: 18.2 kg (Over)

Left | Right

31.7% | 31.7%

4.6 kg (Over) | 4.6 kg (Over)

* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control: 0.0 kg | Fat Control: 26.0 kg | Fitness Score: 37

Impedance

Z: 204Ω | RA: 28.2 Ω | LA: 297.8 Ω | RF: 247.2 Ω | RL: 254.8 Ω
 100kHz: 253.7 Ω | 266.0 Ω | 20.8 Ω | 21.8 Ω | 27.1 Ω

* 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: 89.5 kg / Duration: 30min. / unit:kcal)						
Walking: 179	Jogging: 313	Bicycle: 289	Swim: 313	Mountain Climbing: 292	Acrobatic: 313	
Table Tennis: 202	Tennis: 289	Football: 313	Orienteering: 448	Golf Ball: 170	Badminton: 202	
Racketball: 448	Table Tennis: 448	Squash: 448	Basketball: 289	Rope Climbing: 313	Golf: 158	
Push-ups (lower body): 158	Sit-ups (abdominal muscle training): 158	Weight Training (lower body): 158	Dumbbell exercise (upper body): 158	Exercise Band (upper body): 158	Squats (lower body muscle): 158	

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

1800 kcal

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

S/B Dr. Mitul C. Bhatt (ENT) 27/7/24

Pt. for ENT Check up

Ear → B/c TM intact -

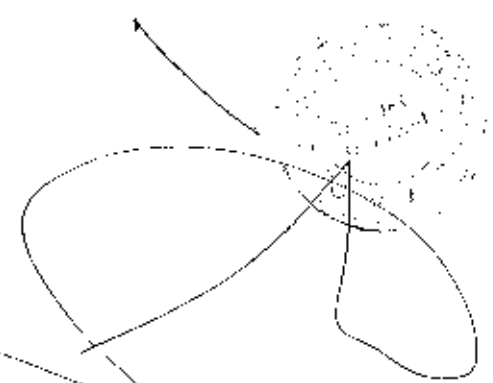
R + +

+ +

L (- -)

Nose → DNS to ⊙

Throat → Tonsils + F...


Dr. Mitul Bhatt
20/05/24-B

DIETARY GUIDELINES FOR LOW FAT SALT RESTRICTED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

Add salt to taste while preparing food only. Do not take table salt.

Do not add salt in chapatti dough, curd, rice and salad.

FOOD ALLOWED

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

Saushida Parikh
29/12/2024

Measurement Results:

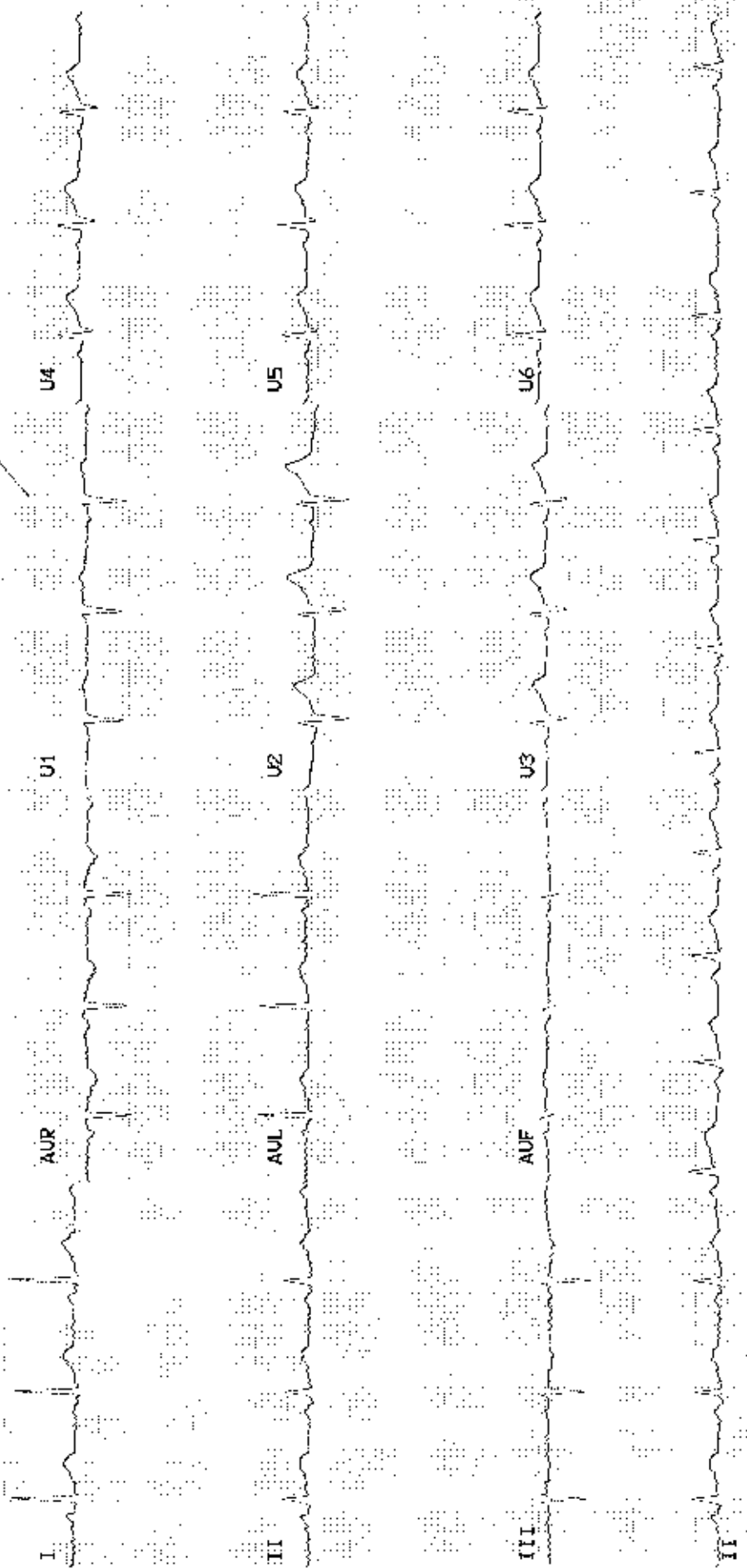
QRS : 88 ms
 QT/QTcB : 366 / 435 ms
 PR : 138 ms
 P : 106 ms
 RR/PP : 706 / 705 ms
 P/QRS/T : 37 / -3 / 21 degrees

Interpretation:
 12SL - Interpretation:
 Sinus rhythm with sinus arrhythmia
 Normal ECG

L-ALB



Unconfirmed report



Patient Name	: Mr. KAUSTUBH PRABHAKAR PARAB	Age/Gender	: 33 Y/M
UHID/MR No.	: STAR.0000028362	OP Visit No	: STAROPV71899
Sample Collected on	:	Reported on	: 27-07-2024 15:55
LRN#	: RAD2389862	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 95415		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN



Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. KAUSTUBH PRABHAKAR PARAB	Age/Gender	: 33 Y/M
UHID/MR No.	: STAR.0000028362	OP Visit No	: STAROPV71899
Sample Collected on	:	Reported on	: 27-07-2024 11:30
LRN#	: RAD2389862	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 95415		

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