

OUT- PATIENT RECORD

Date : 24/2/24
MRNO : 032484
Name : Mr. Joemon Anto
Age/Gender : 45m/male
Mobile No :
Passport No :
Aadhar number :

Pulse : 80/min	B.P : 140/80	Resp : 24/min	Temp : (N)
Weight : 68.2	Height : 164cm	BMI : 25.4	Waist Circum : 81cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonsmoker
Sleep BFB (N) Asth Allergy.
No addiction
(R) Hernia operation done 4 yrs back.
FH: mother: Post Asthma / DM
Father: Parkinson's disease exposed
Normal Reports
Physically fit

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


Doctor Signature



Follow up date:

T O Patient Name V E S : Mr.JOEMON ANTO	Collected : 24/Feb/2024 08:28AM
Age/Gender : 45 Y 3 M 16 D/M	Received : 24/Feb/2024 11:02AM
UHID/MR No : STAR.0000032484	Reported : 24/Feb/2024 01:04PM
Visit ID : STAROPV67654	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9884417737	

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

SIN No:BED240047696

Patient Name	: Mr.JOEMON ANTO	Collected	: 24/Feb/2024 08:28AM
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DEPARTMENT OF HAEMATOLOGY

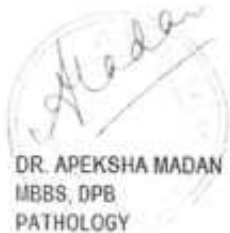
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.35	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	88	fL	83-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	13	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,950	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	56	%	40-80	Electrical Impedence
LYMPHOCYTES	36	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	06	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2772	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1782	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	99	Cells/cu.mm	20-500	Calculated
MONOCYTES	297	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.56		0.78- 3.53	Calculated
PLATELET COUNT	357000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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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

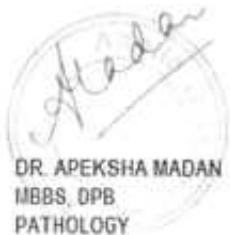
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Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

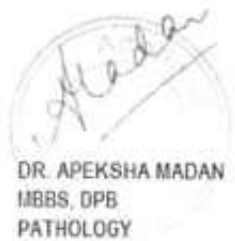
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Patient Name : Mr.JOEMON ANTO Age/Gender : 45 Y 3 M 16 D/M UHID/MR No : STAR.0000032484 Visit ID : STAROPV67654 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9884417737	Collected : 24/Feb/2024 08:28AM Received : 24/Feb/2024 11:02AM Reported : 24/Feb/2024 02:42PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	NEGATIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240047696

TO PATIENT RELIVES Patient Name : Mr.JOEMON ANTO Age/Gender : 45 Y 3 M 16 D/M UHID/MR No : STAR.0000032484 Visit ID : STAROPV67654 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9884417737	Collected : 24/Feb/2024 08:28AM Received : 24/Feb/2024 12:14PM Reported : 24/Feb/2024 01:07PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
GLUCOSE, FASTING , NAF PLASMA	93	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 (\geq 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.




DR. APEKSHA MADAN
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PATHOLOGY

SIN No:PLF02111654

Patient Name : Mr.JOEMON ANTO Age/Gender : 45 Y 3 M 16 D/M UHID/MR No : STAR,0000032484 Visit ID : STAROPV67654 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 9884417737	Collected : 24/Feb/2024 02:18PM Received : 24/Feb/2024 04:35PM Reported : 24/Feb/2024 05:04PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	103	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, DPB
 PATHOLOGY

SIN No:PLP1423760

Patient Name : Mr.JOEMON ANTO
 Age/Gender : 45 Y 3 M 16 D/M
 UHID/MR No : STAR.0000032484
 Visit ID : STAROPV67654
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9884417737

Collected : 24/Feb/2024 08:28AM
 Received : 24/Feb/2024 03:59PM
 Reported : 24/Feb/2024 06:45PM
 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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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. Saachi Pravin Garg
 M.B.B.S, DNB (Pathologist)
 Consultant Pathologist
 SIN No: EDT240021281

Patient Name	: Mr.JOEMON ANTO	Collected	: 24/Feb/2024 08:28AM
Age/Gender	: 45 Y 3 M 16 D/M	Received	: 24/Feb/2024 03:59PM
UHID/MR No	: STAR.0000032484	Reported	: 24/Feb/2024 04:34PM
Visit ID	: STAROPV67654	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9884417737		

DEPARTMENT OF BIOCHEMISTRY

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


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	156	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	155	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	29	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	127	mg/dL	<130	Calculated
LDL CHOLESTEROL	96	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.38		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



DR. Saachi Pravin Garg
M.B.B.S, DNB(Pathologist)
Consultant Pathologist
SIN No:BI18462018



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Collected : 24/Feb/2024 08:28AM
 Received : 24/Feb/2024 11:58AM
 Reported : 24/Feb/2024 05:04PM
 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. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	77.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.92		0.9-2.0	Calculated

Comment:

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

Common patterns seen:

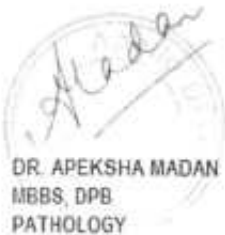
1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04639535

TOUCHING LIVES	Patient Name : Mr.JOEMON ANTO	Collected : 24/Feb/2024 08:28AM
	Age/Gender : 45 Y 3 M 16 D/M	Received : 24/Feb/2024 11:58AM
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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. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	13.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN
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PATHOLOGY

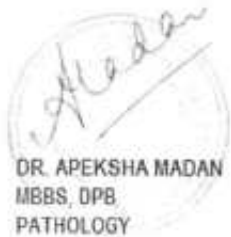
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	22.00	U/L	16-73	Glycylglycine Kinetic method

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PATHOLOGY

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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.09	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.19	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.510	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

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

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



Apeksha Madan
DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SPL24031328

TOUCHING LIVES


Patient Name : Mr.JOEMON ANTO
 Age/Gender : 45 Y 3 M 16 D/M
 UHID/MR No : STAR.0000032484
 Visit ID : STAROPV67654
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9884417737

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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. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.420	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY
 SIN No:SPL24031328


Patient Name : Mr.JOEMON ANTO	Collected : 24/Feb/2024 08:28AM
Age/Gender : 45 Y 3 M 16 D/M	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000032484	Reported : 24/Feb/2024 03:27PM
Visit ID : STAROPV67654	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9884417737	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - 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	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
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

*** End Of Report ***

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2289837

ANTO, JOEMON
ID: 000032484

24 Feb 2024
11:50:39

12 LEAD REPORT

APOLLO SPECTRA TARDEO MUMBAI

92bpm

BP: 140/80

PRETEST
SUPINE
3:49

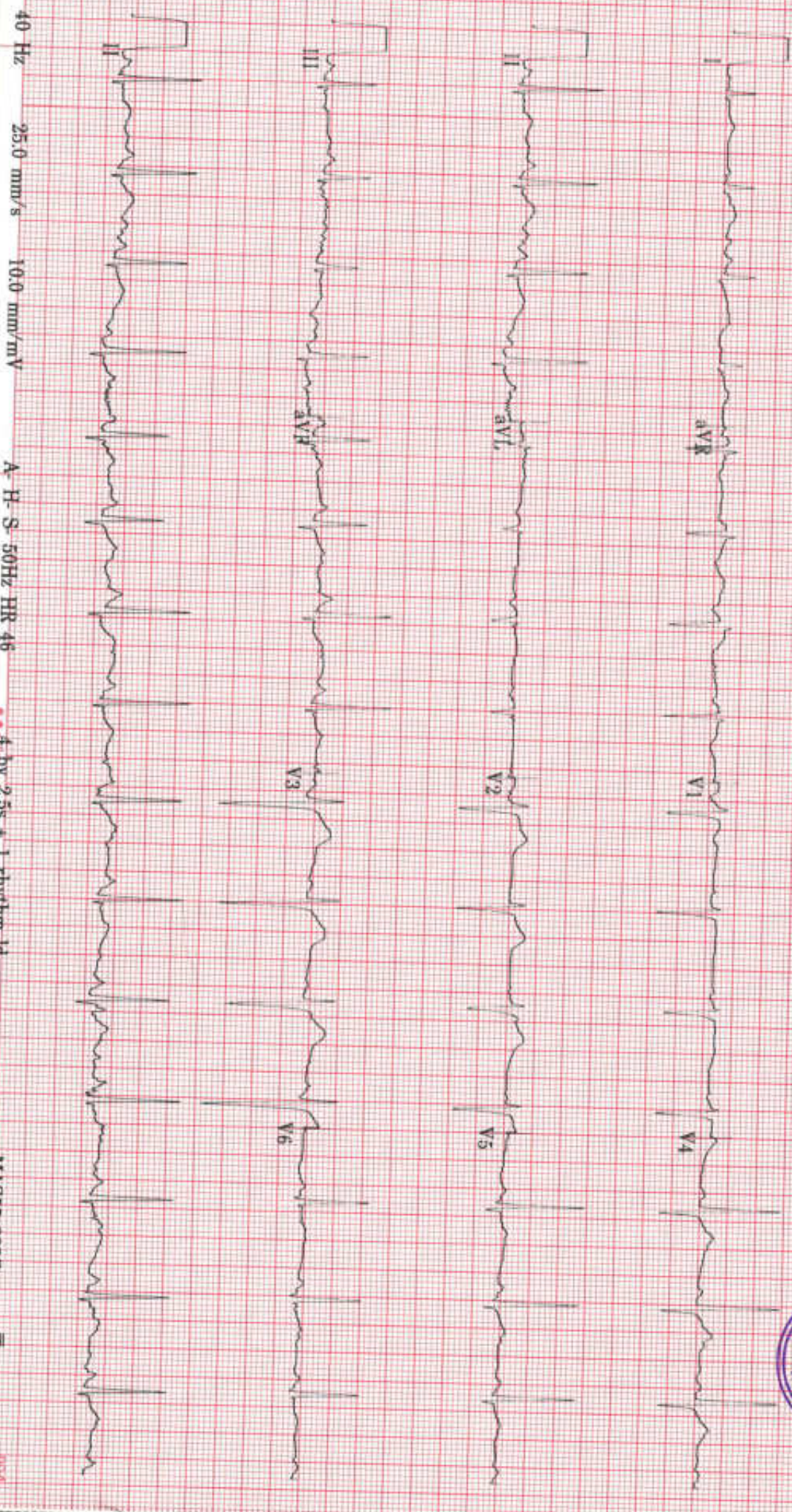
Metax Normal limits

BRUCE
***mph
***%

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



Handwritten scribble



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46
MAC55 009C

Patient Name	: Mr. Joemon Anto	Age	: 45 Y M
UHID	: STAR.0000032484	OP Visit No	: STAROPV67654
Reported on	: 24-02-2024 11:53	Printed on	: 24-02-2024 11:53
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:24-02-2024 11:53

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient name : MR. JOEMON ANTO
Ref. By : HEALTH CHECK UP

Date : 24-02-2024
Age : 45 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 11.4 x 5.0 cms and the **LEFT KIDNEY** measures 11.3 x 4.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


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

PROSTATE : The prostate measures 3.2 x 2.4 x 2.3 cms and weighs 9.9 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


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

EYE REPORT

Name: Mr. Joemon Anil

Date: 24/02/2024

Age / Sex: 65/M

Ref No.:

Complaint: No ocular clo
No 1/2 SI/TA

Examination

Spectacle Rx U-C 6/5 6/6 wearing U-C 6/6

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks: Cataract U Eye

Medications: As known

Trade Name	Frequency	Duration

Follow up: Funder CA 0.6.0.7
CA 0.6.0.7

Consultant:



DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

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

Exercise regularly for at least 30-45 minutes daily. 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 s`oups, and milk etc.

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

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

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole 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.

ID *ml Joeman Anto*
032484
Age 45

Height 164cm
Gender Male

Date 24. 2. 2024
Time 09:20:55

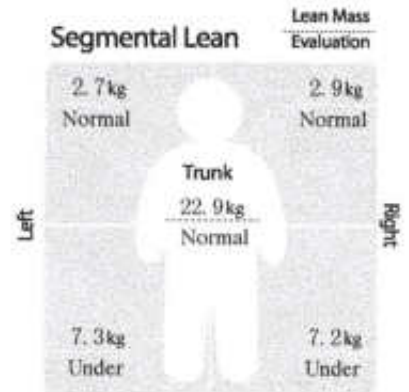
APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	UNIT	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	68.2 kg			50.3 ~ 68.1
Muscle Mass <small>Skeletal Muscle Mass</small>	60 70 80 90 100 110 120 130 140 150 160 170	27.2 kg			25.1 ~ 30.7
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500	19.4 kg			7.1 ~ 14.2
TBW <small>Total Body Water</small>	35.9 kg (33.3 ~ 40.7)		FFM <small>Fat Free Mass</small>	48.8 kg (43.2 ~ 53.8)	
Protein	9.7 kg (8.9 ~ 10.9)		Mineral*	3.24 kg (3.08 ~ 3.76)	

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index</small> (kg/m ²)	25.4	18.5 ~ 25.0
PBF <small>Percent Body Fat</small> (%)	28.5	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	0.94	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate</small> (kcal)	1423	1497 ~ 1747

Nutritional Evaluation

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

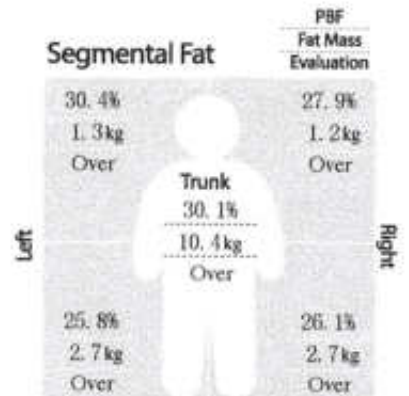
Weight Management

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

Obesity Diagnosis

BMI	<input 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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 1.5 kg	Fat Control	- 10.6 kg	Fitness Score	68
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	281.6	297.5	26.6	255.9	251.3
100kHz	254.4	271.8	23.3	226.3	223.8

* 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: 68.2 kg / Duration: 30min./ unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
136	239	205	239	222	239		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
154	205	239	341	130	154		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope Jumping	Golf		
341	341	341	205	239	120		
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 muscle		

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

1500 kcal

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