

Patient Name : Mr.YOGESH S MESHRAM  
Age/Gender : 36 Y 0 M 28 D/M  
UHID/MR No : STAR.0000058762  
Visit ID : STAROPV63405  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 916366940449

Collected : 23/Sep/2023 10:05AM  
Received : 23/Sep/2023 10:59AM  
Reported : 23/Sep/2023 12:10PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, Eosinophilia  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
**IMPRESSION : Normocytic normochromic blood picture, Eosinophilia**  
Note/Comment : Please Correlate clinically



SIN No:BED230231389

**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

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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	14.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.61</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>80.8</b>	fL	83-101	Calculated
MCH	<b>26.1</b>	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,530	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	48	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	<b>11</b>	%	1-6	Electrical Impedence
MONOCYTES	07	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4094.4	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	2900.2	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	<b>938.3</b>	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	597.1	Cells/cu.mm	200-1000	Electrical Impedence
<b>PLATELET COUNT</b>	308000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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**IMPRESSION : Normocytic normochromic blood picture, Eosinophilia**

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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**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 - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD
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**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.



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 01:59PM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 02:17PM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 02:27PM
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**DEPARTMENT OF BIOCHEMISTRY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	93	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.





Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 04:55PM
Visit ID : STAROPV63405	Status : Final Report
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<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.7	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:EDT230087582

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**DEPARTMENT OF BIOCHEMISTRY**

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

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	
HDL CHOLESTEROL	<b>27</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	90	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.37</b>		0-4.97	Calculated

**Comment:**

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

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

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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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SIN No:SE04490528

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Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**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		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	95.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.78			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, Wilsons'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:**

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.73	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	52.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-iodothyronine (T3, TOTAL)	0.97	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.23	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.590	µIU/mL	0.25-5.0	ELFA

**Comment:**

**Note:**

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**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	1.015		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



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



SIN No:UR2189629

**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



प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	YOGESH SURESHMESHAM
जन्म की तारीख	26-08-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-09-2023
बुकिंग संदर्भ सं.	23S163924100068592S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. SOMKUWAR RAJINI TIKARAMJI
कर्मचारी की क.कू.संख्या	163924
कर्मचारी का पद	BRANCH OPERATIONS
कर्मचारी के कार्य का स्थान	MUMBAI, PRABHADEVI
कर्मचारी के जन्म की तारीख	26-07-1988

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **05-09-2023** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



भारत सरकार  
Government of India



Issue Date: 15/08/2013



योगेश सुरेश मेश्राम  
Yogesh Suresh Meshram  
जन्म तिथि/DOB: 26/08/1987  
पुरुष/ MALE  
Mobile No: 8550969965

**9163 6694 0449**  
VID : 9130 4869 5891 4616

मेरा **आधार**, मेरी पहचान





भारत सरकार  
Government of India



Issue Date: 15/08/2013



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Yogesh Suresh Meshram  
जन्म तिथि/DOB: 26/08/1987  
पुरुष/ MALE  
Mobile No: 8550969965

**9163 6694 0449**  
VID : 9130 4869 5891 4616

मेरा आधार, मेरी पहचान

**OUT- PATIENT RECORD**

Date : 23/9/23  
 MRNO : 58762  
 Name : MR. Jogesh Meshram  
 Age/Gender :  
 Mobile No :  
 Passport No :  
 Aadhar number :

Pulse : 50	B.P : 120/80	Resp : 22	Temp : (N)
Weight : 86.8 kg.	Height : 171 cm.	BMI : 29.7	Waist Circum : 92 cm

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian  
 Sleep : @ B/B @ NO Allergy.  
 No addiction  
 Moderately Active  
 FH: father: HT mother: DM.  
 HDL 27.  
 - morning walk 45 min daily

Dr. (Mrs.) CHHAYA P. VAJA  
 M. D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56542



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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
 Ph No: 040 - 4904 7777 | www.apollohl.com

**Apollo Spectra Hospitals**

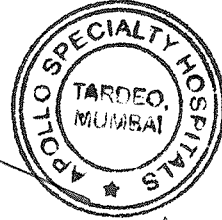
156, Famous Cine Labs, Behind  
Everest Building, Tardeo,  
Mumbai, Maharashtra 400034



Patient Name: Yogesh M. Age: 36

Address: Chembur Date: 23/9/2023

↓  
- scaling



*[Handwritten signature]*

Signature  
Dr. Rinal Modi B.D.S (Mumbai)  
Dental Surgeon  
Reg. No. : A -28591  
M: 87792 56365 / 98922 90876  
E:doctorrinal@gmail.com

Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF HAEMATOLOGY**

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

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, Eosinophilia  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen  
**IMPRESSION : Normocytic normochromic blood picture, Eosinophilia**  
 Note/Comment : Please Correlate clinically



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:10PM
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

HAEMOGLOBIN	14.6	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	45.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.61	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	80.8	fL	83-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,530	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	11	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	4094.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2900.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	938.3	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	597.1	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	308000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY

ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

Methodology : Microscopic  
 RBC : Normocytic normochromic  
 WBC : Normal in number, Eosinophilia  
 Platelets : Adequate in Number  
 Parasites : No Haemoparasites seen

**IMPRESSION : Normocytic normochromic blood picture, Eosinophilia**

Note/Comment : Please Correlate clinically





Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 10:59AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:00PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:01AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:40PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	93	mg/dL	70-100	GOD - POD
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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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 01:59PM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 02:17PM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 02:27PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	93	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.



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 03:15PM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 04:55PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087582

Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	145	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	140	mg/dL	<150	
HDL CHOLESTEROL	27	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	118	mg/dL	<130	Calculated
LDL CHOLESTEROL	90	mg/dL	<100	Calculated
VLDL CHOLESTEROL	28	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.37		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name	: Mr.YOGESH S MESHRAM	Collected	: 23/Sep/2023 10:05AM
Age/Gender	: 36 Y 0 M 28 D/M	Received	: 23/Sep/2023 11:04AM
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Visit ID	: STAROPV63405	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 916366940449		

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:35PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	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		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	95.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.78			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, Wilsons'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:**

TOUCHING LIVES

Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:35PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:00PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.73	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE



Patient Name : Mr.YOGESH S MESHAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:00PM
Visit ID : STAROPV63405	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	52.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name : Mr.YOGESH S MESHARAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:04AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 01:47PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	0.97	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.23	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.590	µIU/mL	0.25-5.0	ELFA

Comment:

Note:

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
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

TOUCHING LIVES

Patient Name	: Mr.YOGESH S MESHRAM	Collected	: 23/Sep/2023 10:05AM
Age/Gender	: 36 Y 0 M 28 D/M	Received	: 23/Sep/2023 11:04AM
UHID/MR No	: STAR.0000058762	Reported	: 23/Sep/2023 01:47PM
Visit ID	: STAROPV63405	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 916366940449		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--



Patient Name : Mr.YOGESH S MESHRAM	Collected : 23/Sep/2023 10:05AM
Age/Gender : 36 Y 0 M 28 D/M	Received : 23/Sep/2023 11:19AM
UHID/MR No : STAR.0000058762	Reported : 23/Sep/2023 12:10PM
Visit ID : STAROPV63405	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 916366940449	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	1.015		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

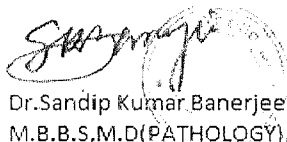
**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

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



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

Page 16 of 16



SIN No:UR2189629



**EYE REPORT**

Name: *Yogesh Meshram*

Date: *23/09/2013*

Age / Sex: *38y / M*

Ref No.:

Complaint: *no ocular c/o*  
*no d/o SS / W*

**Examination**

*6/9*  
*6/6*

*Near 6/24*

**Spectacle Rx**

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

Remarks: *As known to patient*

*As known*

**Medications:**

Trade Name	Frequency	Duration

Follow up: *As known*

**Consultant:**



*[Handwritten signature]*

MR. Jogesh Meshram

ID 0

Age 36

Height 171cm

Gender Male

Date 23. 9. 2023

Time 10:29:03

APOLLO SPECTRA HOSPITAL

## Body Composition

	Normal	Over	Normal Range
<b>Weight</b>	40 55 70 85 100 115 130 145 160 175 190 205	86.8 kg	54.7 ~ 74.0
<b>Muscle Mass</b> Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	33.0 kg	27.4 ~ 33.5
<b>Body Fat Mass</b>	20 40 60 80 100 160 220 280 340 400 460 520	28.7 kg	7.7 ~ 15.4
<b>TBW</b> Total Body Water	42.7 kg (36.2 ~ 44.2)		
<b>FFM</b> Fat Free Mass	58.1 kg (47.0 ~ 58.5)		
<b>Protein</b>	11.5 kg (9.7 ~ 11.8)		
<b>Mineral*</b>	3.90 kg (3.35 ~ 4.09)		

\* Mineral is estimated.

## Segmental Lean

	Lean Mass Evaluation
3.6kg Normal	3.7kg Normal
<b>Trunk</b>	
28.5kg Normal	
8.5kg Normal	8.4kg Normal

## Obesity Diagnosis

	Normal Range
<b>BMI</b> Body Mass Index (kg/m <sup>2</sup> )	29.7 / 18.5 ~ 25.0
<b>PBF</b> Percent Body Fat (%)	33.0 / 10.0 ~ 20.0
<b>WHR</b> Waist-Hip Ratio	1.10 / 0.80 ~ 0.90
<b>BMR</b> Basal Metabolic Rate (kcal)	1625 / 1804 ~ 2123

## 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

	PBF Fat Mass Evaluation
34.5%	33.5%
2.0kg Over	2.0kg Over
<b>Trunk</b>	
35.4%	
16.5kg Over	
27.4%	27.6%
3.4kg Over	3.4kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control 0.0 kg    Fat Control - 18.4 kg    Fitness Score 65

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	293.1	303.0	25.6	310.5	299.0
100kHz	257.3	266.7	20.9	271.6	261.8

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

## Exercise Planner

Plan your weekly exercises from the following and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 86.8 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
174	304	260	304	283	304		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
196	260	304	434	165	196		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
434	434	434	260	304	153		
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

1700 kcal

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

Patient Name	: Mr. YOGESH S MESHRAM	Age	: 36 Y M
UHID	: STAR.0000058762	OP Visit No	: STAROPV63405
Reported on	: 23-09-2023 12:11	Printed on	: 23-09-2023 12:11
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:23-09-2023 12:11

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Name : Mr. Yogesh Meshram  
Age : 36 Year(s)

Date : 23/09/2023  
Sex : Male  
Visit Type : OPD

### **ECHO Cardiography**

#### **Comments:**

Normal cardiac dimensions.

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

No diastolic dysfunction.

Normal RV systolic function.

No intracardiac clots / vegetation/ pericardial effusion.

No evidence of pulmonary hypertension.PASP=30mmHg.

IVC 12 mm collapsing with respiration.

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

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

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

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

Name : Mr. Yogesh Meshram  
Age : 36 Year(s)

Date : 23/09/2023  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	60mm/sec
EPSS	06mm
LA	34mm
AO	34mm
LVID (d)	49mm
LVID(s)	20mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Patient Name : MR. YOGESH MESHAM  
Ref. By : HEALTH CHECK UP

Date : 23-09-2023  
Age : 36 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 11.0 x 3.4 cms and the **LEFT KIDNEY** measures 11.1 x 4.9 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

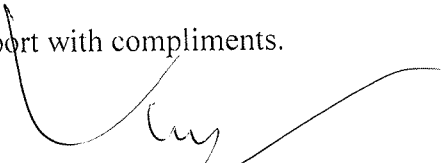
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.1 x 2.3 x 2.2 cms and weighs 8.5 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](http://www.apollospectra.com)

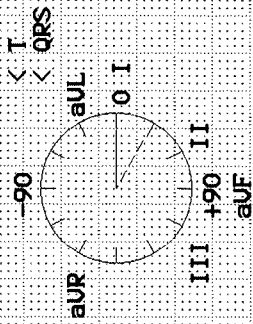
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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



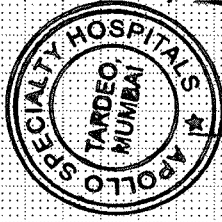
Measurement Results:

QRS : 106 ms  
 QT/QTcB : 448 / 408 ms  
 PR : ms  
 P : ms  
 RR/PP : 1170 / 1050 ms  
 P/QRS/T : / / 1 / 29 degrees



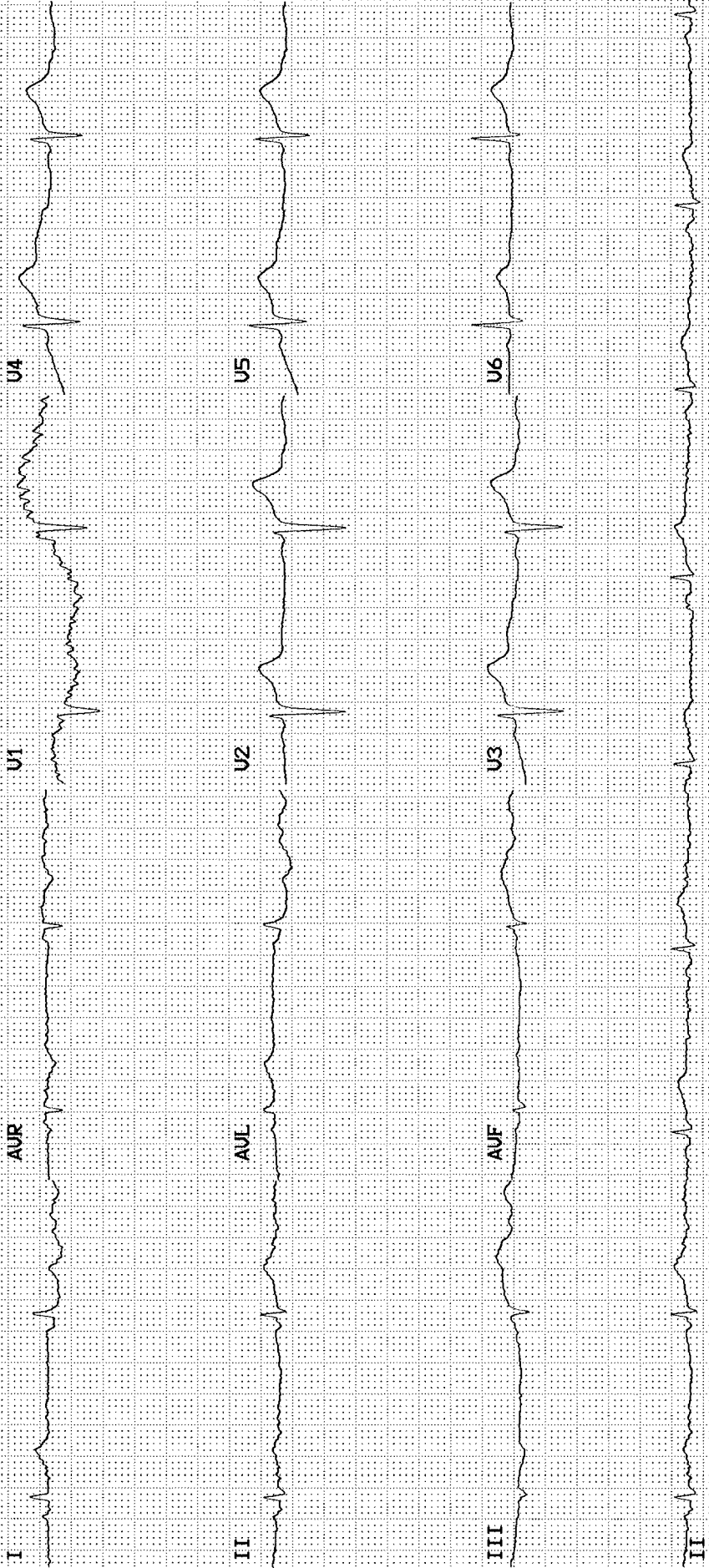
Interpretation:  
 12SL - Interpretation:  
 Junctional rhythm  
 Low voltage QRS  
 Abnormal ECG

*Srus bodye...*



(Mrs.) CHHAYA P. VAJRA  
 M. D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 60912

Unconfirmed report.



**Patient Name** : Mr. YOGESH S MESHRAM

**Age/Gender** : 36 Y/M

**UHID/MR No.** : STAR.0000058762

**OP Visit No** : STAROPV63405

**Sample Collected on** :

**Reported on** : 23-09-2023 12:11

**LRN#** : RAD2106846

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 916366940449

**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

<b>Patient Name</b>	: Mr. YOGESH S MESHARAM	<b>Age/Gender</b>	: 36 Y/M
<b>UHID/MR No.</b>	: STAR.0000058762	<b>OP Visit No</b>	: STAROPV63405
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-09-2023 11:42
<b>LRN#</b>	: RAD2106846	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 916366940449		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**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.

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**PROSTATE** : The prostate measures 3.1 x 2.3 x 2.2 cms and weighs 8.5 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.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



**Dr. VINOD SHETTY**  
Radiology