

**Dr. Salim Shamsuddin BDS, MDS**

Consultant - Orthodontics & Dentofacial Orthopaedics

Email : salimshamsuddin83@gmail.com

Consultation : Mon - Sat 10am - 7pm

Ph : 8296500869 / 7259679908



\* Restorative Procedures

Diagnosis, Clinical Exam, X-rays, Models, Study Models

\* Root Canal Treatment

\* Teeth replacement

\* Oral Surgery

(11) (12) (13) (14)

\* Preventive Dentistry

History, Exam → radiographs, Clinical tests  
Caries prevention, sealant, fluoride

\* Orthodontics / Braces

Soft tissue → MRI

\* Dental implants

\* Pedodontics

- Rx plan →

\* Esthetics and Smile design

Facial photography

restoration of cosmetic teeth

\* Periodontics

\* Veneers

\* Tooth jewellery

Pt. Name: **MR. DIVYESH KUMAR**

Age/Sex: **34 Y / M**

Ref By: **H.C**

Date: **24 / 02 / 2024**


### ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size and shows increased in echotexture  
No focal lesion is seen. No IHR dilatation is seen  
Portal vein and CBD are normal
- GALL BLADDER:** Is well distended with normal wall thickness  
No pericholecystic collection is seen  
No intraluminal content or calculi are seen
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen  
Peri-pancreatic fat planes are well preserved.
- SPLEEN:** Normal in size and normal in echotexture  
No focal lesion is seen. Splenic vein is normal
- KIDNEYS:** Right Kidney measures 10.6 x 1.5 cms. Left Kidney measures 10.3 x 1.6 cms.  
Both kidneys are normal in size, shape, position, contour and echotexture  
Cortico-medullary differentiation is well maintained  
Right kidney shows cortical cyst measuring 1.6 x 2.1 cms seen in the upper pole.
- URINARY BLADDER:** Is well-distended with normal wall thickness  
No intra-urinary content or calculi are seen
- PROSTATE:** Normal in size and echotexture. No focal lesion is seen  
No lymphadenopathy or osicles are seen

### IMPRESSION:

- **GRADE I FATTY LIVER.**
- **RIGHT RENAL CORTICAL CYST**

Thanks for reference

  
**Dr. PREMSAI REDDY, M.B.B.S., MDRD**  
**CONSULTANT RADIOLOGIST**

Date : 24/02/2019  
MRNO : 195491  
Name : Divyash Kumar  
Age / Gender : 24 / Male  
Mobile No :

Department : GM  
Consultant : Dr. Ravi  
Reg. No : 10000000000000000000  
Qualification :  
Consultation Timing :

Pulse : 86 bpm	BP : 125 / 79 mmHg	Resp : 20 bpm	Temp :
Weight : 75 Kg	Height : 180 cm	BMI : 23 kg/m <sup>2</sup>	Waist Circum :

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

1. [Handwritten text]

[Handwritten clinical notes]

Follow up date:

Doctor Signature

<b>NAME</b>	Mr DIVYESH KUMAR VORA	<b>DATE:</b> 24/02/2024
<b>AGE</b>	34 YRS	<b>KRM NUMBER</b>
<b>GENDER</b>	MALE	<b>REFERRED BY</b>

**DIMENSIONS:**

<b>AORTA:</b> 2.2 cms	<b>IVSD:</b> 1.15 cms	<b>LVDd:</b> 4.5 cms	<b>LVPWD:</b> 0.9 cms
<b>LA</b> : 2.6 cms	<b>IVSS:</b> 1.2 cms	<b>LVDs:</b> 3.1 cms	<b>LVPWS:</b> 1.0 cms
<b>EF</b> : 60 %			<b>EDV</b> : 91 ML
			<b>ESV</b> : 41 ML

**VALVES:**

**MITRAL** : NORMAL.  
**TRICUSPID** : NORMAL.  
**AORTIC** : NORMAL.  
**PULMONARY** : NORMAL.

**2D - ECHO:**

**IAS** : Intact.  
**IVS** : Intact.  
**RA** : Normal.  
**RV** : Normal.  
**LA** : NORMAL.  
**LV** : NORMAL;  
**IVC, AORTA AND PULMONARY ARTERY:** NORMAL.  
**PERICARDIUM** : NORMAL.

**DOPPLER DAT**

**Mitral valve** : E-0.79 M/sec A-0.56 m/sec, NO MR.  
**Tricuspid valve** : NO TR  
**Aortic valve** : V max -1.0 m /sec  
**Pulmonary valve** : NO PR.

**FINAL IMPRESSION:**

**NORMAL CHAMBERS AND VALVES**  
**NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST**  
**NORMAL LV & RV SYSTOLIC FUNCTION, EF-60%**  
**NORMAL DIASTOLIC FUNCTION**  
**NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.**

  
**DR. MOHAN MURALI**  
 Consultant Cardiologist

# DOCTORS NOTE

NAME: Mr. Divyesh Kumar

AGE: 34M SEX:

NO:

Grade I fatty liver :-

- fiber :-
- w-3 fatty acid
- FA.

Ht :- 180cm

wt :- 77.1kg

BMI :- 23.8 kg/m<sup>2</sup>

Fasting Triglyceride - 171

- Grade I fatty liver.

LDL - 109

HDL - 37

- Non-veg.

- ① Avoid oily and fried foods.
- ② include a lot of green leafy veg, beet, carrot, beans, cucumber i peel.
- ③ Avoid processed food (maida).
- ④ include walnuts, flaxseeds & w-3 supplements.
- ⑤ Avoid red meat  
chicken & fish once in a week.

Egg (w) ✓

~~lunch & dinner~~ → Add curd in lunch - add 2 tsp of flaxseed powder.

→ Soaked walnuts in the morning.

Along lemon juice i honey & 1 tsp of soaked chia seeds.

Midmorning (10-11am) → Aml Juice / Cucumber Juice + Bottle guard.

→ Cucumber i peel

→ w-3 supplements :- (Nutrilite omega 3 supplements) ✓  
(0-0-1)

→ Sign - 30min of brisk walking + planks / crunches.

*[Handwritten signature]*

संस्कृत विभाग  
संस्कृत विभाग



भारत सरकार  
GOVT OF INDIA

DIVYESH KUMAR VORA  
KAILASH CHANDRA VORA

10/11/1989  
Permanent Account Number  
AOPV194BR



Signature

Mr. Divyesh Kumar  
IC: 105492

24 Years

Male

24.02.2024 12:13:58  
APOLLO SPECIHA HOSPITAL  
KORAMANGALA  
BANGALORE

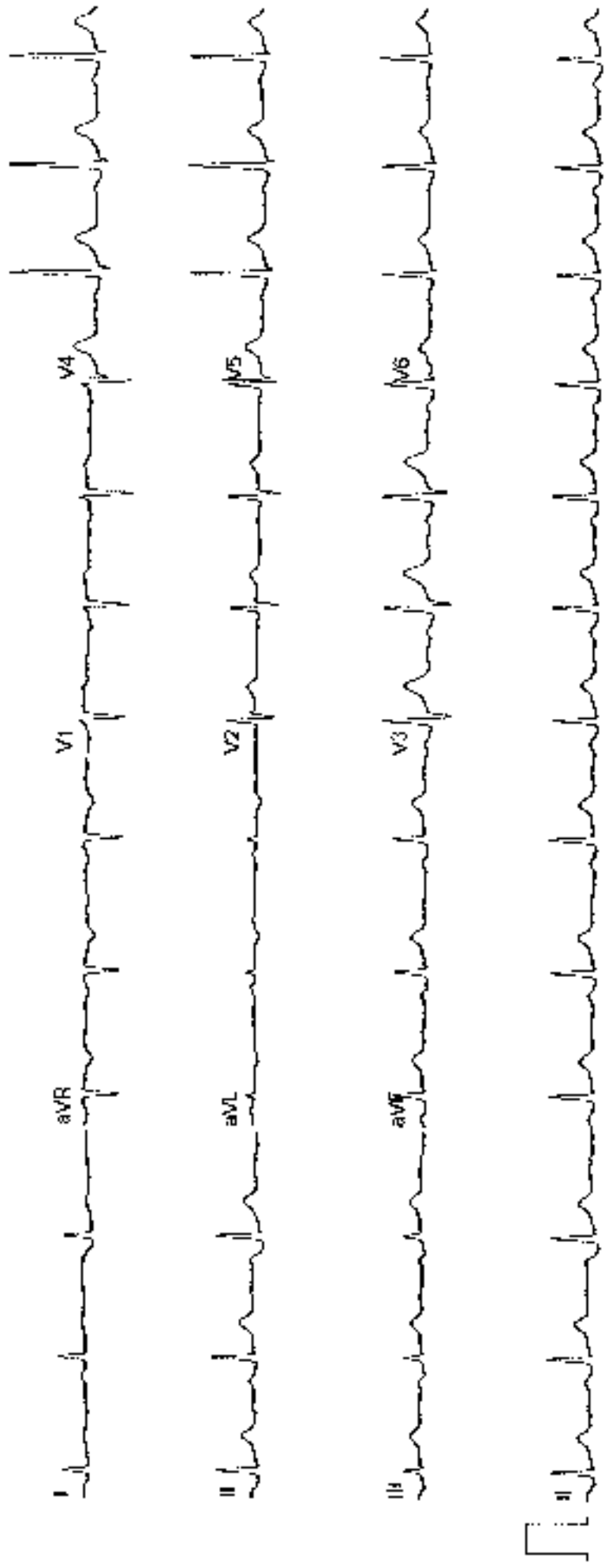
76 bpm  
- / - mmHg

APR 13:181 M.M.O.F.40

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

QT/QTc Baz: 370 / 416 ms  
PR: 154 ms  
P: 116 ms  
RR/PP: 700 / 789 ms  
P/QRS/T: 35 / 57 / 78 degrees

Divy





Age/Gender  
JINIDMRE N/

Visit ID

Ref Doctor

Emp/Auth/HA ID

Mr DIVYESH KUMAR VORA

41 Y 3 M 14 LHM

SIKUR 000193487

SKORUPV281929

Dr.SEIF

178169

Collected

Received

Reported

Status

Sender Name

24/Feb/2024 08:23AM

24/Feb/2024 08:42AM

24/Feb/2024 10:16AM

Final Report

ARCOFEM HEALTHCARE LIMITED



DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 1 of 2

*Dr. Anushree R.*

Dr. Anushree R.  
MBBS, MD, FRCP (UK),  
Consultant Haematologist

S/N No: SLD240047714







Age Gender  
UHID/AR No  
Visi ID  
Ref Doctor  
Emp/Out/TPA ID

M.DIVYESH KUMAR VORA  
34 Y 3 M 14 13M  
SKOR.000019M87  
SKOROPV201031  
IX.SELF  
178166



Collected: 24/Feb/2024 09:59AM  
Received: 24/Feb/2024 09:59AM  
Reported: 24/Feb/2024 10:15AM  
Status: Final Report  
Sponsor Name: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM, WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
<b>PCV</b>	44.811	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	5.69	Million/cumm	4.5-5.5	Electrical Impedance
<b>MCV</b>	79	fL	83-101	Calculated
<b>MCH</b>	26.8	pg	27-32	Calculated
<b>MCHC</b>	34.1	g/dL	31.5-34.5	Calculated
<b>R.D.W</b>	11	%	11.0-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	5.400	cells/cumm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
<b>NEUTROPHILS</b>	69	%	40-60	Electrical Impedance
<b>LYMPHOCYTES</b>	35	%	20-40	Electrical Impedance
<b>EOSINOPHILS</b>	07	%	1-6	Electrical Impedance
<b>MONOCYTES</b>	04	%	2-10	Electrical Impedance
<b>BASOPHILS</b>	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
<b>NEUTROPHILS</b>	3186	Cells/cumm	2000-7000	Calculated
<b>LYMPHOCYTES</b>	1890	Cells/cumm	1000-3000	Calculated
<b>EOSINOPHILS</b>	108	Cells/cumm	20-500	Calculated
<b>MONOCYTES</b>	216	Cells/cumm	200-1000	Calculated
<b>Neutrophil lymphocyte ratio (NLR)</b>	1.65		0.76-3.53	Calculated
<b>PLATELET COUNT</b>	187000	cells/cumm	150000-410000	Electrical Impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	3-15	Modified Westergren

**PERIPHERAL SMEAR**

RBC's are normocytic normochromic.

WBC's are normal in number with normal distribution and morphology.

Platelets are adequate.

Page 1 of 12

*Dr. Anurag K. V.*

Dr. Anurag K. V.  
M.D.B.A. (D Pathology)  
Diploma in Clinical Pathology (DCLP)

408, Kallur, D. J. 486477, M.





App Sender  
 UHID/MH No  
 Visit ID  
 Ref Doctor  
 Exam/Visit/CPA ID

MR.DIVYESH KUMAR DORA  
 34 Y 3 M 14 DM  
 SACH 0000195497  
 SIKOR0PY281539  
 Dr.SFIF  
 176196



Collected 24/Feb/2024 09:59 AM  
 Received 24/Feb/2024 10:04 AM  
 Recorded 24/Feb/2024 10:04 AM  
 Status Final Report  
 Sponsor Name ARCOFEM HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEM] - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324**

No heteroparasites or abnormal cells seen

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Result Rechecked

Page 1 of 12

*Handwritten Signature*

M. Anurag R  
 M.D.B.S, M.D. Pathology;  
 Consultant Pathologist

SIN No. ECD/0447704





Age Gender  
 UHIU NR No  
 Visit ID  
 Ref Doctor  
 Emp/ALU/TPA ID

MR.DIVYESH KUMAR VORA  
 34 Y 2 M 14 LMM  
 SNOR 0200197497  
 SKOROPV261900  
 Dr SELF  
 176166



Collector 24/Feb/2024 08:59 AM  
 Received 24/Feb/2024 08:59 AM  
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 Status Final Report  
 Sponsor Name ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLDOD GROUP ABG AND RH FACTOR , W BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide Tube Aggluti
RH-TYPE	POSITIVE			Forward & Reverse Grouping with Slide Tube Agglutination

Page 1 of 10

*Dr. Anand R.*

Dr. Anand R.  
 M.D. (S.M.) Pathology,  
 Consultant Pathologist

SIN No:BE020047364





Age Gender  
 45 Y 3 M 14 D M  
 HbA1c %  
 5.1  
 Visit ID  
 Ref Doctor  
 Emp/ID/PHN ID

Dr DIMYESH KUMAR VORA  
 34 Y 3 M 14 D M  
 S4DR 0006105407  
 SKORCPV281358  
 Dr.SELF  
 178130

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 Status  
 Sponsor Name

24/Feb/2024 10:30 AM  
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 Final Report  
 ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAIF PLASMA	62	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

90-100 mg/dL

100-125 mg/dL

126 mg/dL

>200 mg/dL

Note:

1. This suggests that you have a fasting plasma glucose of 62 mg/dL and is within the pre-diabetic range of 100-125 mg/dL (100-125 mg/dL).

2. Fasting glucose level < 100 mg/dL in adults is considered to be normal. Do not start insulin & other anti-diabetic

Interpretation

Normal

Pre-diabetes

Diabetes

Hypoglycemia

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (IFG)	101	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 relative hypoglycemia, dietary (not recent), constant or timing of sampling after food digestion and absorption, medications such as insulin, metformin, sulfonylureas, or glylin analogues, or conditions such as overproduction of insulin.

Page 3 of 12

Dr. Anil Kulkarni  
 M.D. B.S.M. (D. Pathology),  
 MBBS (D. Pathology)

SIN No. PH1419-91



DEPARTMENT OF BIOCHEMISTRY

ARCOFFEM - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHEMICO/FOD
TRIGLYCERIDES	137	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHEMICO/FOD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL/HDL RATIO	4.70		0-4.07	Calculated

Result Rechecked

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 - 199	≥ 190
HDL	> 60			
NON-HDL CHOLESTEROL	Optimal <130 Above Optimal 130-159	160-189	190-219	≥ 220

1. Visit your doctor regularly to check for disease, low physical activity and unhealthy diet.
2. Stop eating high cholesterol foods and eat healthy foods. Eat up to 50g of fiber a day.
3. Eat less saturated fat. Saturated fat is found in animal products and some oils. It can raise cholesterol levels and form clogged arteries.
4. Stop all drinking and smoking. Don't drink more than one alcoholic drink a day and don't smoke.
5. Includes a list of medicines for a separate issue.
6. A VLDL guideline is results above the age of 20 years should be less than 100 mg/dL. Above 100 mg/dL is above the normal. Persons with a family history of premature cardiovascular disease or those with a past myocardial infarction should have a total cholesterol < 160 mg/dL.
7. LDL cholesterol > 190 mg/dL is above the normal. LDL cholesterol > 160 mg/dL is above the normal. LDL cholesterol > 130 mg/dL is above the normal.

Page 4 of 4

Dr. Anushree S  
M.B.B.S, M.D. Pathology,  
Consultant Pathologist



SKOR/SL/04/05/1



Age/Gender  
 UHID/IR/NE  
 Visit ID  
 Ref Doctor  
 Emp/Full/TPA ID

M. DIVYESH KUBMAR VORA  
 34 Y 3 M 14 Dm  
 SKOR 5000190497  
 SKOROPV021939  
 Dr SELF  
 179166

Collected: 24/Feb/2024 09:23 AM  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEM - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY232a

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) - SERUM</b>				
BILIRUBIN TOTAL	0.40	mg/dl	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dl	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dl	0.0-1.1	Dual Wave length
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	4-14	JSCO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20 U	U/L	8-28	JSCO
ALKALINE PHOSPHATASE	73.00	U/L	32-111	JSCO
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BURPH
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dl	2.0-3.5	Calculated
A/G RATIO	2.04		0.9-2.0	Calculated

Kesul, Rechecked

Comments:

LFT results reflect different aspects of the health of the liver as a component of general (AST & ALT) and specific (bile) and overall (bile) (BUN) of the body's chemical and physiological systems, most commonly:

Commonly:

1. Hepatocellular injury:

• AST & ALT (total levels) can be seen to increase, is not specific to liver and can be raised in a number of other conditions.

• ALP - Elevated levels indicate liver disease, but not specific to liver disease. It is most specific elevated for hepatic damage. Values at the level of 200 U/L indicate liver

• GGT - An important indicator of alcohol consumption and ALP - Bilirubin may also be raised.

• AST & ALT - raised in acute and chronic liver disease, many AST & ALT - Haemolysis and disease (AST & ALT) due to liver disease, but not specific to liver disease.

• ALP - raised in liver disease, but not specific to liver disease, but the presence is usually raised.

• Bilirubin (BUN) Pattern:

• ALP - An important indicator of liver disease, but not specific to liver disease.

• Bilirubin (BUN) - Elevated ALP (BUN) has been seen in pregnancy, impacted on pregnancy.

• The elevated ALP (BUN) is not specific to liver disease, but the presence is usually raised.

• Synthetic function impairment - A fall in albumin and raised ALP (BUN) is not specific to liver disease, but the presence is usually raised.

Page 2 of 12

Dr. Divyesh Kumar Vora  
 Senior Consultant (Pathology)  
 Consultant (Biochemistry)

SN No:SI00639645





Age: Gender  
 (HID)MR No  
 Visit ID  
 Ref. Doctor  
 Enquiry/OTTA ID

M. DIVYESH KUMAR VORA  
 34 Y 3 M 14 D/W  
 SKOR.0000195497  
 HK0HOPV281935  
 Dr. SFIH  
 170159

Collected  
 Received  
 Reported  
 Status  
 Sample Name

24/Feb/2024 09:53 AM  
 24/Feb/2024 08:44 AM  
 24/Feb/2024 09:40 AM  
 Final Report  
 ARCOFEMI - HEALTHCARE LIMITED



DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	OC
(PHOS)PHORUS, INORGANIC	2.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

Test No: 1



*Dr. Divyesh K.*

Dr. Divyesh K  
 Senior Analyst, Biochemistry  
 Apollo Health & Lifestyle

SKOR.0000195497



Age Gender  
 MR No  
 Vial ID  
 Ref Doctor  
 Emp/Contractor ID

MADHUVESH KUMAR VORA  
 34 Y 3 M 14 DPM  
 SKOR 0100195497  
 SKOR 0FV281305  
 Dr.SELF  
 178168



Collected : 24/Feb/2024 09:35 AM  
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 Reanalyzed : 24/Feb/2024 09:10 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHFEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.50	U/L	16-72	Glycylglycine Kinetic Method

Page 5 of 12



*Dr. Anil Chandra S*

Dr. Anil Chandra S  
 MD, D. Sc, M. Ch (Pathology)  
 Consultant Pathologist

S.No: 51946/2545





Age Gender  
U-ICMR No  
Vid ID  
Ref Doctor  
Emp/Amb/TPA ID

MR DRIYESH KUMAR VORA  
M Y 3 M 14 Dth  
SKOR 0002105607  
SKOR/DIV23-933  
Dr SS.H  
173119

Collected  
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Recorded  
Status  
Specimen Name

24-Feb-2024 09:53:57  
24-Feb-2024 11:03:00  
24-Feb-2024 11:22:44  
Final Report  
ARCOFEMI - ALTHORF LIMITED



DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) - URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOR	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
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATION
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	LAHRICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLO HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 5	/HPF	0 - 5	Microscopy
EPITHELIAL CELLS	0 - 1	/HPF	< 10	MICROSCOPY
RBC	NIL	/HPF	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

Page: 04 of 2

*Dr. Anurag K.*

Dr. Anurag K.  
M.D. (M.D.) Pathology  
Consultant Pathologist



SIN/CL/289841



Age Gender  
UHID/MR No  
Visit ID  
Ref Doctor  
Emp/Act/TPA ID

M.DR/YESH KUMAR VORA  
34 F 3 M 14 DM  
SKOH 0006 1234567  
SAURGHV281008  
Lr SLIF  
173130

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Reported  
Status  
Sponsor Name

24Feb2024 10:05 AM  
24Feb2024 12:00 PM  
24Feb2024 10:12 AM  
Final Report  
ARCOFEMI HEALTHCARE LIMITED



DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Drostick

*Pooja Kulkarni*  
M.D. Pathology  
M. D. Pathology  
M. D. Pathology





**Mr. DIPYESH KUMAR VORA**  
 Age/Gender : 34 Y 3 M 14 D/M  
 UH/DMR No : SKGR 3000195497  
 Visit ID : SKGR00FY281939  
 Ref Doctor : Dr SELF  
 Emp/Amb/PA ID : 178168



Collection : 24 Feb 2024 09:25 AM  
 Received : 24 Feb 2024 10:00 AM  
 Reported : 24 Feb 2024 11:22 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bro. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

Page 12 of 12

*(Signature)*

Dr. Anupama R  
 M.B.B.S, M.D. (Pathology),  
 Clinical Pathologist

SM/SC/00001994



Pt. Name: **MR. DIVYESH KUMAR VORA**

Age/Sex: 34 Y/ M

Ref By: H.C

Date: 24-02-2024

**X-RAY CHEST PA VIEW**

Both the lung parenchyma appears normal

Heart and mediastinum are unremarkable

Trachea and main stem bronchi are unremarkable

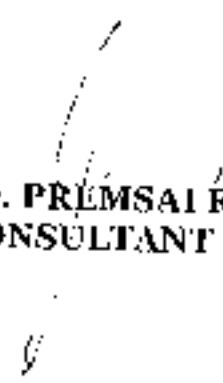
Pulmonary vasculature is normal

Both the cardiophrenic and costophrenic angles are clear

Plate and screw fixation of left clavicle is noted

Please correlate clinically

Thanks for reference

  
**Dr. PREMSAI REDDY**  
**CONSULTANT RADIOLOGIST**

**Fwd: Reminder your health checkup booking is tomorrow**

**From :** Divyesh Vora <divyeshvora89@gmail.com>

Sat, Feb 24, 2024 08:05 AM

**Subject :** Fwd: Reminder your health checkup booking is tomorrow

**To :** fo.kim <fo.kim@apollospectra.com>

----- Forwarded message -----

**From:** Mediwheel <wellness@mediwheel.in>

**Date:** Sat, 24 Feb, 2024, 01:26

**Subject:** Reminder your health checkup booking is tomorrow

**To:** <divyeshvora89@gmail.com>

**Cc:** <customercare@mediwheel.in>

178166

Dear **Divyesh Kumar Vora,**

This is a gentle reminder that your health checkup is scheduled for tomorrow as per the below particular. Please visit the center at any time.

Please follow the following instructions. Please call us at 011-41195959 if you face any issues.

**Booking Date** : 15/02/2024

**Health Check up Name** : Mediwheel Full Body Annual Plus

**Health Check Code** : PKG10000366

**Name of Diagnostic/Hospital** : Apollo Spectra - Koramangala Bangalore

**Address of Diagnostic/Hospital** : Opus,143.1St Cross,5Th Block,Koramangala,Bangalore - 560034.

**Appointment Date** : 24/02/2024

**Preferred Time** : 09:30 am - 10:00 am

**Package Name** : Mediwheel Full Body Annual Plus

**Tests included in this Package** :

- 3m Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- HSR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation

- Urine analysis
- CBC
- HbA1c
- Lipid Profile ✓
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

Arcofemi Healthcare Pvt. Limited. (Mediwheel) | Plot #D-20, Sector-10, Gurgaon, Haryana, India  
Phone: +91 98999 99999 | Email: [info@mediwheel.com](mailto:info@mediwheel.com) | Website: <https://www.mediwheel.com>

[Terms & Conditions](#)  
[Click here](#)

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Customer skipped Opthal, ENT and Audiometry tests.

Patient Name : Mr.DIVYESH KUMAR VORA  
Age/Gender : 34 Y 3 M 14 D/M  
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**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs are normocytic normochromic.  
WBCs are normal in number with normal distribution and morphology.  
Platelets are adequate.  
No hemoparasites or abnormal cells seen.

**IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047704





Patient Name : Mr.DIVYESH KUMAR VORA  
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**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>5.69</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	<b>79</b>	fL	83-101	Calculated
MCH	<b>26.8</b>	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,400	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	59	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3186	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1890	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	108	Cells/cu.mm	20-500	Calculated
MONOCYTES	216	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	187000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

Page 2 of 12

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



SIN No:BED240047704

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No hemoparasites or abnormal cells seen.

**IMPRESSION:NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**

Result Rechecked

*Anushree R*

Dr. Anushree R  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:BED240047704

Page 3 of 12



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

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:BED240047704



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

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

**Note:**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	101	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.

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:PLP1422891



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	174	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	137	mg/dL	<150	
HDL CHOLESTEROL	37	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	109.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.70		0-4.97	Calculated

Result Rechecked

**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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.

Page 6 of 12

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:SE04639545



**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 11-10-62/62, 5th Floor, Ashoka Raghupathi Chambers,  
Begumpet, Hyderabad, Telangana - 500016

Address:

145, East Cross, 5th Block, Near Nagarjuna Hotel,  
Koramangala, Bengaluru

Patient Name : Mr.DIVYESH KUMAR VORA  
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	73.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.70	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.30	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.04</b>		0.9-2.0	Calculated

Result Rechecked

**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 > 1In 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:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

Page 7 of 12

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:SE04639545



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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.93	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	8.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE

*Anushree R*

Dr. Anushree R  
 M.B.B.S, M.D(Pathology)  
 Consultant Pathologist

SIN No:SE04639545



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

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:SE04639545





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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
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
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY

*Anushree R*

Dr. Anushree R  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

SIN No:UR2289844



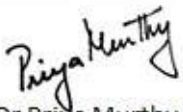
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL CHECKUP MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr Priya Murthy  
 M.B.B.S.,M.D(Pathology)  
 Consultant Pathologist

SIN No:UPP016680



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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

*Anushree R*

Dr. Anushree R  
 M.B.B.S,M.D(Pathology)  
 Consultant Pathologist

SIN No:UF010694

