

Apollo Health Check

Name: P. Vimaljith

UHID: 42489

Date: 30/03/2023

Date of Birth: 22/02/1983

Age: 40 yrs

Sex: Male

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Male - AHC

Medical Summary

GENERAL EXAMINATION

Vital signs: Height: 170 cm Weight: 87.2 kg Pulse: 76 /min
BP: 120/80 mmHg BMI: 30.17

Physician Consultation

Chief Complaints: Nil

History: **Past History:** Nil Significant

Family History: Dyslipidemia in Father

Addiction: Nil **Allergy:** Nil **Exercise:** Regular

Systemic Review: NAD

Impression: Clinically normal with Diabetes Mellitus (freshly detected)

Recommendation: Medication Attached. Follow up with FBS/PP2bS in 30 days

ENT Consultation

No ENT complains.

On Examination: Ear, Nose, Throat – NAD


Dr. Mayur Patel

MD - Physician

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Apollo Health Check

Name: P. Vimaljith

UHID: 42489

Date: 30/03/2023

Date of Birth: 22/02/1983

Age: 40 yrs

Sex: Male

Company Name: Arcofemi – Mediwheel – Full Body Annual Plus – Male - AHC


Medical Summary

Dental Consultation

On Examination: Calculus +++, Stain ++

Advice: Deep Scaling & Polishing



 Dr. Rushda Malek
Consultant - Dentist

Vision Check (Without Glasses)

Colour Vision: Normal

Far Vision: Normal

Near Vision: Normal

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Doctor Munira Patel Date 30/3/23
Patient Name P. Vimalaya Age 40 Sex M

T. Istamet (50/500)

070 - (30)
Apt

T

Next appointment on:

Doctor's Signature

Patient Name : Mr. P VIMALJITH	Age / Gender : 40Y/Male
UHID/MR No. : FVAD.0000042489	OP Visit No : FVADOPV22648
Visit Date : 30-03-2023 10:23	Reported on : 30-03-2023 12:32
Sample Collected on : 30-03-2023 12:26	Specimen : Whole Blood (Edta)
Ref Doctor : SELF	Pres Doctor: :
Emp/Auth/TPA ID : bobE34877	
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HAEMOGRAM			
HAEMOGLOBIN Method: Non Cyanide, Sls Based	15.4	13 - 17	gm/dl
RBC COUNT Method: Electrical Impedence	5.49	4.5 - 5.5	Mill/Cumm
HEMATOCRIT(PCV) Method: Cumulative Pulse	47.3	40 - 50	%
MCV Method: Calculated	86.1	83 - 101	fl
MCH Method: Calculated	28.1	27 - 32	pg
MCHC Method: Calculated	32.6	31.5 - 34.5	%
RDW	13.1	11.6 - 14	%
TOTAL WBC COUNT Method: Electrical Impedence	8900		/cumm
NEUTROPHIL Method: Microscopy	55	40 - 80	%
LYMPHOCYTE Method: Microscopy	36	20 - 40	%
EOSINOPHIL Method: Microscopy	05	1 - 6	%
MONOCYTE	04		%
BASOPHIL Method: Microscopy	00	<1 - 2	%
PLATELET COUNT Method: Electrical Impedence	279000	150000 - 400000	/cumm
ESR Method: Auto	06	0 - 20	mm/hr
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	O POSITIVE		

End of the report

Results are to be correlated clinically



Dr. Gopi Davara

Lab Technician / Technologist
VAC009

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Patient Name : Mr. P VIMALJITH
 UHID/MR No. : FVAD.0000042489
 Visit Date : 30-03-2023 10:23
 Sample Collected on : 30-03-2023 12:26
 Ref Doctor : SELF
 Emp/Auth/TPA ID : bobE34877
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 40Y/Male
 OP Visit No : FVADOPV22648
 Reported on : 30-03-2023 14:00
 Specimen : Serum
 Pres Doctor:

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	58	30 - 70	mg/dl
VLDL	40	7 mg/dl -35mg/dl	mg/dl
Method: Calculated			
RATIO OF CHOLESTEROL / HDL	2.5	0 - 4.5	
Method: Calculated			
CHOLESTEROL	145	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
Method: CHOD - PAP			
LDL	47*	60 - 150 mg/dl	
Method: Calculated.			
Triglyceride	200	50 - 200	mg/dl
Method: GPO- TOPS			
LDL/HDL:	0.81*	2.5 - 3.5	mg/dl
Method: Calculated			
KFT - RENAL PROFILE-SERUM			
CREATININE	0.96	0.5-1.5	mg/dl
Method: Jaffe			
Urea	23.5	10 - 50	mg/dl
Method: NED-DYE			
Uric Acid	3.54	3.5 - 7.2	mg/dl
Method: URICASE -PAP			
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL	0.75	0.1 - 1.2	mg/dL
Method: Daizo			
BILIRUBIN - INDIRECT	0.54	0.1 - 1.0	mg/dL
Method: Calculated			
TOTAL-PROTIEN:	6.64	Adult: 6.6 - 8.8	gm/dL
Method: Photometric UV test			
ALBUMIN:	3.86	3.5 - 5.2	gm/dL
Method: BCG			
A/G	1.3	1.0 - 2.0	
Method: Calculated			
SGOT /AST.	25		IU/l
Method: IFCC			
ALKA-PHOS	109		U/L
Method: IFCC			
BILIRUBIN - DIRECT	0.21	0-0.5	mg/dL
Method: Daizo			
SGPT/ALT	22	0 - 40	U/L
Method: Daizo			
GGT.	15	10 - 50	U/L

Patient Name : Mr. P VIMALJITH
 UHID/MR No. : FVAD.0000042489
 Visit Date : 30-03-2023 10:23
 Sample Collected on : 30-03-2023 12:26
 Ref Doctor : SELF
 Emp/Auth/TPA ID : bobE34877
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 40Y/Male
 OP Visit No : FVADOPV22648
 Reported on : 30-03-2023 14:00
 Specimen : Serum
 Pres Doctor: :

Method: SZAZ

GLOBULIN. Method: Calculated.	2.78*	2.8 - 4.5	g/dl
GLUCOSE - (FASTING) GLUCOSE - (FASTING). Method: (GOD-POD)	156*	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL) GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	198*	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
 VAC009


 Dr. Gopi Davara
 MBBS DCP

Fasting Urine Sugar Nil
 Post Prandial Urine Sugar +

Patient Name	: Mr. P. VIMALJITH	Age / Gender	: 40Y/Male
UHID/MR No.	: FVAD.0000042489	OP Visit No	: FVADOPV22648
Visit Date	: 30-03-2023 10:23	Reported on	: 30-03-2023 11:35
Sample Collected on	: 30-03-2023 11:09	Specimen	: Urine
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bobE34877		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
Urine Routine And Microscopy	
PHYSICAL EXAMINATION:	
Volume of urine	30Millilitre
Colour	Yellow
Specific Gravity	1.020
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal (< mg/dl)
Microscopic Examination	
Pus Cell	2-3/hpf
Red Blood Cells	Nil
Epithelial Cells	3-4/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009



Dr. Gopi Davara
MBBS DCP



TEST REPORT

Reg. No. : 30301016865 Reg. Date : 30-Mar-2023 11:45 Collected On : 30-Mar-2023 11:45
 Name : Mr. P VIMALJITH Approved On : 30-Mar-2023 12:42
 Age : 40 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C			
HbA1c <i>HPLC</i>	9.10	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>Method: Calculated</i>	214	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
- Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
- Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report.

Test done from collected sample.

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

W. Bhatt
Dr. Vaishali Bhatt

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
 Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclicin.com • Website : theapolloclicin.com



TEST REPORT

Name : Mr. P VIMALJITH	Reg. No : 3032001257
Age/Sex : 40 Years / Male	Reg. Date : 30-Mar-2023 11:39 AM
Ref. By :	Collected On : 30-Mar-2023
Client Name : Apollo Clinic	

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

TSH * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	2.780	µIU/ml	0.55 - 4.78
---------------------------------------------------------------------------	-------	--------	-------------

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

T3 (Triiodothyronine) * <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.11	ng/mL	0.58 - 1.59
---------------------------------------------------------------------------------------------	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Apollo Clinic, Vadodara
Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com



TEST REPORT

Name : Mr. P VIMALJITH
Age/Sex : 40 Years / Male
Ref. By :
Client Name : Apollo Clinic
Reg. No : 3032001257
Reg. Date : 30-Mar-2023 11:39 AM
Collected On : 30-Mar-2023

T4 (Thyroxine) * 12.45 µg/dL 4.50 - 12.60
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY
Sample Type: Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

----- End Of Report -----

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Apollo Clinic, Vadodara
Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapqloclinic.com • Website : theapolloclinic.com

Patient Name: Mr. P VIMALJITH
Visit No: FVADOPV22648
Cond Doctor: Dr. Radha C. Mohan
Referred By: SELF

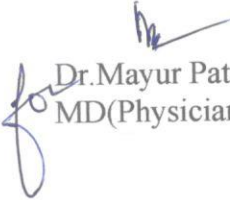
MR No: FVAD.0000042489
Age/Gender: 40 Y/M
Conducted Date: 30-03-2023 13:34
Prescribing Doctor:

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 87 beats per minute
3. Normal P, QRS, T wave axis
4. Normal PR, QRS, QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.


Dr. Mayur Patel
MD(Physician)

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Room : 2
ID : 0
Name : VIMAJITH
Gender : M
Height : 170 (cm)

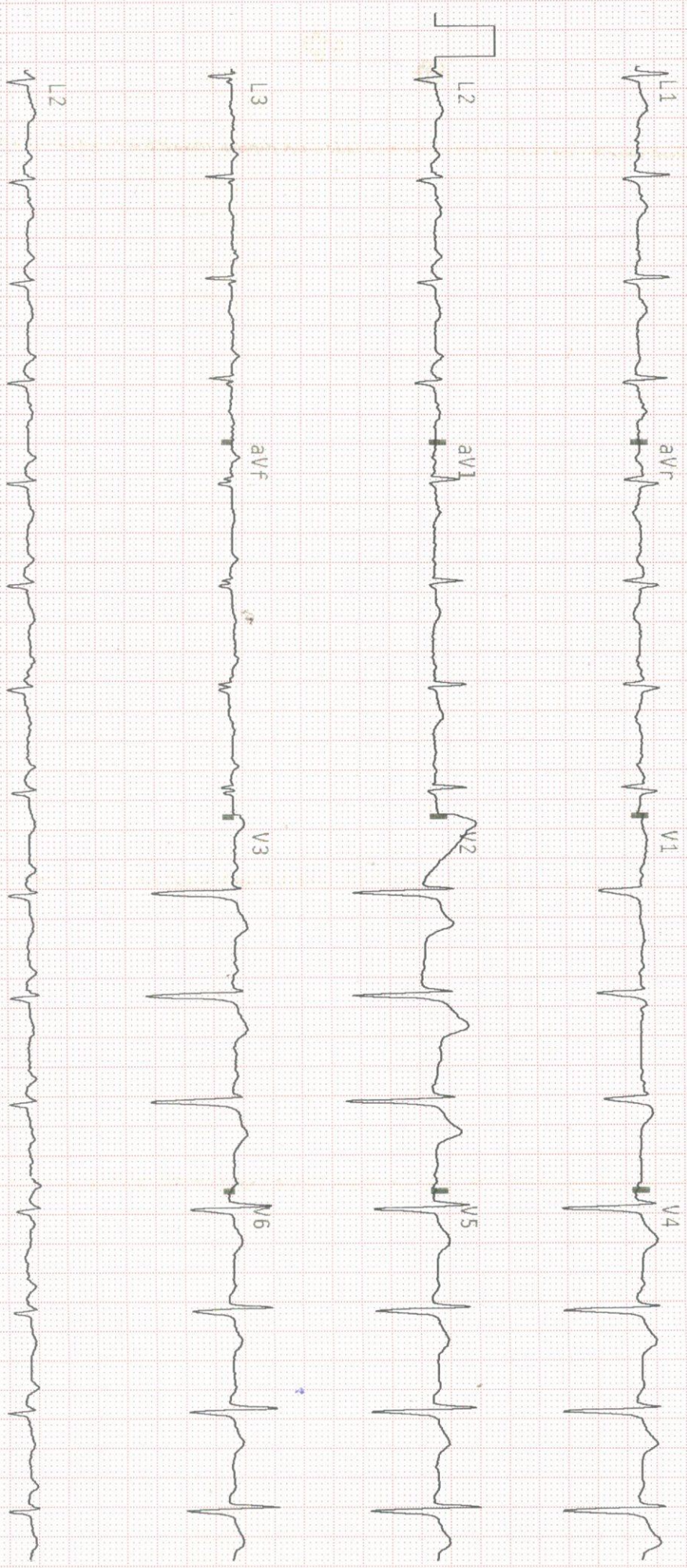
Dep: 0PD

Age : 040 (Yrs)
Weight : 087 (Kg)

Axis (deg)
P : 64
QRS : -20
T : 19

Intervals (msec)
PR : 166, QRS : 111
QT : 380, QTc : 459
ST : 66

(2)



Patient Name: Mr. P VIMALJITH
Visit No: FVADOPV22648
Cond Doctor: Dr. Mayur Patel
Referred By: SELF

MR No: FVAD.0000042489
Age/Gender: 40 Y/M
Conducted Date: 30-03-2023 13:20
Prescribing Doctor:

TMT(Tread Mill/Stress Test)

Result:

The pre exercise ECG was normal and there is no significant ST segment changes. During peak exercise and recovery there was no significant ST segment change seen. Patient could exercise for 9.00 minutes and 6 seconds of the Bruce Protocol and achieved a work load of 10.16 mets.

He attained a peak heart rate of 152 beats/minute which is 84 % of the predicted maximum. The exercise was terminated owing to attainment of target heart rate. There was no classical angina. Clinically the blood pressure response was 126/82mmHg and there was no S3 S4 gallop in the recovery period.

IMPRESSION : TMT is negative for inducible ischemia.


Dr. Mayur Patel
MD(Physician)

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

Name : P VIMALJITH

Date: 30/03/23

Age: 40YRS

Sex: MALE

USG ABDOMEN

Liver is normal (140mm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size and distended. No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal .

Spleen is normal and size (101mm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 110X42mm and LK 101X48 mm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.

Prostate size (34X46X29mm Vol. 23 cc) and shape normal.
No fluid seen in pelvis.

IMPRESSION: Normal sonography of whole abdomen.



Dr. H.M. PATEL

Consultant Radiologist

Apollo Clinic, Vadodara

Scientific Remedies & Healthcare Pvt. Ltd.

1 Cosmic enclave, Opp. SBI bank (Sama Branch), Near GIPCL Circle, Sama, Vadodara 390 008, Gujarat, India
Phone : 0265-2780030/40 • Mob. : 7228995959 • Email : vadodara@theapolloclinic.com • Website : theapolloclinic.com

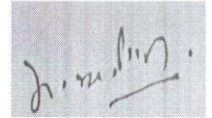
Patient Name	: Mr. P VIMALJITH	MR No	: FVAD.0000042489
Age/Sex	: 40 Y/M	Visit No	: FVADOPV22648
Pres Doctor	:	Bill Date	:30-03-2023 10:23
Ref.by	: SELF	Report Date	: 30-03-2023 11:07

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST

Technician



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist