

Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

#### **OUT- PATIENT RECORD**

Date

MRNO

Name

Age/Gender Mobile No

Passport No. Aadhar number

50 y/M.

150/110 22 Temp: Pulse: 90 Resp Waist Circum: 98cm BMI: Weight Height: 28.3

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Norrey . T. glycomet Co. 1BD Sleep: Norroad . T. Oronebak 40 1HS.

BIB: Norroa

. T. Metx LEO 100.

Noaddrehov

No Alleyy

KICLO PRITAET ON Co.

AH: Mostin: Wees: fastie: Heart Albert.



APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961





TOUGHIN

AL.

Patient Name

: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M : STAR.0000057948

UHID/MR No Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 12:19PM

Reported

: 12/Aug/2023 02:18PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF HAEMATOLOGY

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

### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology: Microscopic

RBC: Mild Hypochromasia, Mild Anisocyte

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Mild Hypochromasia, Mild Anisocyte blood picture

Note/Comment : Please Correlate clinically

Page 1 of 13







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### DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit .	Bio. Ref. Range	Method

HAEMOGLOBIN	11.2	g/dL	13-17	Spectrophotometer
PCV	33.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT	•			
NEUTROPHILS	4080	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1500	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	120	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	300	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	265000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergre

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RBC: Mild Hypochromasia, Mild Anisocyte

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: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP TYPE	B	Forward & Reverse
BEOOD GROOT TITE		Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

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: Mr.MANOJ VITHAL GURAV GA

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: 12/Aug/2023 04:46PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324							
Test Name	Result	Unit	Bio. Ref. Range	Method			

GLUCOSE, FASTING , NAF PLASMA	257	mg/dL	70-100	GOD - POD
Kindly correlate clinically				

# Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	309	mg/dL	70-140	GOD - POD
---	-----	-------	--------	-----------

Kindly correlate clinically

#### 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.

Ref: Marks medical biochemistry and clinical approach

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SIN No:PLF02013224,PLP1358770





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: STAR.0000057948 : STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

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: 12/Aug/2023 04:04PM

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Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FUI	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
AROOI EIIII - IIIEBITTII	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN ,	10.7	%	HPLC
WHOLE BLOOD EDTA			Calculated
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	260	mg/dL	Calculated

#### Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1
  and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications
  are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

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SIN No:EDT230074508

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com





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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	JS ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	421	mg/dL	<150	
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
VLDL CHOLESTEROL	84.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

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SIN No:SE04450259





: Mr.MANOJ VITHAL GURAV GA

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: 50 Y 8 M 11 D/M

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: Dr.SELF

Emp/Auth/TPA ID

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY				
Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	62.54	mg/dL	<100	CHE/CHO/POD & Catalase

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: Mr.MANOJ VITHAL GURAV GA

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: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF BIOCHEMISTRY

RCOFEMI - MEDIWHEEL - FUL	L BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - FY2324
(NOOT EIMT INEETITIEE	Result	Unit	Bio. Ref. Range	Method

VER FUNCTION TEST (LFT) , SERUM	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN, TOTAL	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
BILIRUBIN (INDIRECT)		U/L	4-44	JSCC
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17			JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
	6.90	g/dL	6.7-8.3	BIURET
PROTEIN, TOTAL ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

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: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

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Visit ID

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Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 762303183148 Collected

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE

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SIN No:SE04450259





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Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

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Emp/Auth/TPA ID

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPA	RTMENT	OF	BIOCH	HEMIST	ΓRY

ARCOFEMI - MEDIWHEEL - FUL	L BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	41.00	U/L	16-73	Glycylglycine Kinetic
(GGT), SERUM				method

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SIN No:SE04450259





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Visit ID

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: 12/Aug/2023 11:14AM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL B	ODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - F12324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			JE1 EA
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.67-1.81	ELFA
	6.48	μg/dL	4.66-9.32	ELFA
THYROXINE (T4, TOTAL)	2.860	uIU/mL	0.25-5.0	ELFA
THYROID STIMULATING HORMONE (TSH)	2.860	рюте		

#### Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

Note: For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)  0.1 - 2.5				
First trimester					
Second trimester	0.2 - 3.0				
Third trimester	0.3 - 3.0				

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SIN No:SPL23115015





: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

. 76

: 762303183148

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF	IMMUNOLOGY	

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method
Test Name	11000			

			Part Nation	FLEA	П
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.490	ng/mL	0-4	ELFA	

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SIN No:SPL23115015





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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF CL	INICAL PATHO	LOGY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				la l
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
	POSITIVE (+++)		NEGATIVE	GOD-POD
GLUCOSE	NEGATIVE		NEGATIVE	AZO COUPLING
URINE BILIRUBIN	NEGATIVE		NEGATIVE	NITROPRUSSIDE
URINE KETONES (RANDOM)	NORMAL		NORMAL	EHRLICH
UROBILINOGEN			NEGATIVE	Dipstick
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	PYRROLE
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY			
	3-5	/hpf	0-5	Microscopy
PUS CELLS	2-3	/hpf	<10	MICROSCOPY
EPITHELIAL CELLS		/hpf	0-2	MICROSCOPY
RBC	ABSENT	/libi	0-2 Hyaline Cast	MICROSCOPY
CASTS	NIL		ABSENT	MICROSCOPY
CRYSTALS	ABSENT		ADOLIVI	

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

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY

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

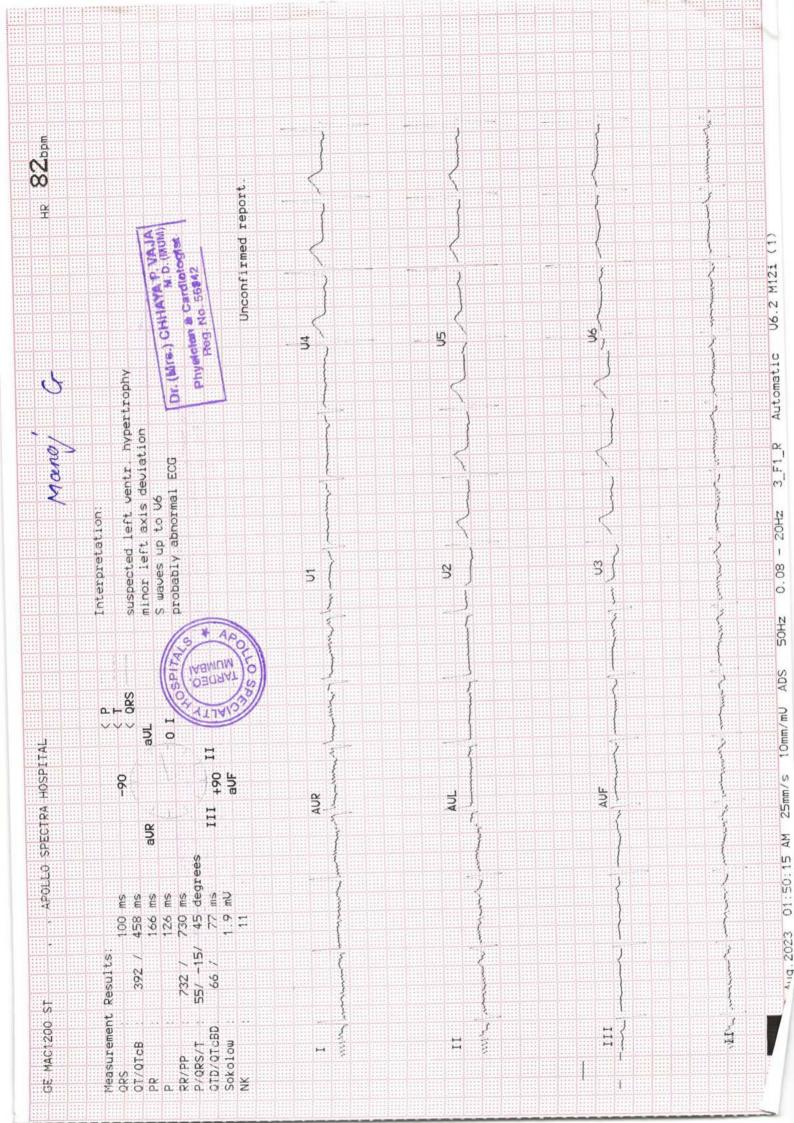
Consultant Pathologist

DR. Saachi Pravin Garg M.B.B.S, DNB (Pathologist) Consultant Pathologist

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SIN No:UR2165283





Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Age

: 50 Y M

: SELF

: STAR.0000057948

: STAROPV62044

Reported on

Adm/Consult Doctor

Patient Name

UHID

: 12-08-2023 13:31

OP Visit No Printed on

: 12-08-2023 13:31

Ref Doctor

# 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:12-08-2023 13:31

---End of the Report---

Dr. VINOD SHETTY Radiology



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Date

: 12/08/2023

Sex

: Male

Visit Type : OPD

# **ECHO Cardiography**

## Comments:

Name

Age

Normal cardiac dimensions.

: Mr.Manoj Gurav

: 50 Year(s)

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

Grade I diastolic dysfunction. Trivial MR/TR/AR.

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 WITH GRADE I DD.

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



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date: 12/08/2023

Sex : Male Visit Type : OPD

Name : Mr. Manoj Gurav

Age

: 50 Year(s)

Dimension:

EF Slope

80mm/sec

**EPSS** 

04mm

LA

29mm

AO

34mm

LVID (d)

50mm

LVID(s)

33mm

IVS (d)

11mm

LVPW (d)

11mm

LVEF

60% (visual)

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

### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date: 12-08-2023 Age : 50 years

Patient Name: MR.MANOJ GURAV : HEALTH CHECK UP Ref. By

# SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size but shows mild diffuse increased echotexture suggestive LIVER:

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.

:The gall bladder is well distended and reveals normal wall thickness. There is no GALL evidence of calculus seen in it. BLADDER

PANCREAS: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

:The spleen is normal in size and echotexture. No focal parenchymal mass lesion SPLEEN

is seen. The splenic vein is normal.

: The RIGHT KIDNEY measures 11.1 x 4.9 cms and the LEFT KIDNEY measures KIDNEYS 10.9 x 5.0 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydroneprosis 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 3.0 x 2.3 x 2.4 cms and weighs 9.0 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY**: 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. BLADDER

The Ultrasound examination reveals mild fatty infiltration of the Liver. IMPRESSION: No other significant abnormality is detected.

Report with compliments.

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

CONSULTANT SONOLOGIST.

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961

# **EYE REPORT** Specialists in Surgery Name: M. Manoj Villal Juraa Ga Age/Sex: 50 yr / M Date: 12 | 08 1013 Ref No.:

Age /Sex:				
Complaint:	Do	ocular	di	
Examination	Do &	k ldo	PM.	s Mt.
	u (	6/9.	<b>*</b> 3	

Near Vik No

Spectacle Rx

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

Remarks:

Mou L. Kun

**Medications:** 

Trade Name	Frequency	Duration

Follow up:

Junden K W

Consultant:

**Apollo Spectra Hospitals** 

Famous Cine Labs, 156, Pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034. Tel.: 022 4332 4500 www.apollospectra.com



# InBody

**D** 0

Age 50

manoj

Height 170cm

Male

Gender

Date 12. 8. 2023

Time 10:00:43

APOLLO SPECTRA HOSPITAL

**Body Composition** 

		Unde	THE RES	N	lorma				Ove	r		UNIT:%	Normal Range
Weight	40	55	70	85	100	115	130 81	145 . 8 k	160 g	175	190	205	54. 0 <b>~</b> 73. 1
Muscle Mass	60	70	80	90	100 29.	110 2 kg	120	130	140	150	160	170	27.1~33.1
Body Fat Mass	20	40	60	80	100	160	220	280	340 29.	400 O kg	460	520	7. 6 ~ 15. 3
T B W Total Body Water		9 kg (					FFI Fat Free						(46. 4~ 57. 9)
Protein		4 kg (					Mir	iera	ıl*		3	. 55 kg	(3. 31~4. 04)

\* Mineral is estimated.

**Obesity Diagnosis** 

	Value	Normal Range
BMI (win)	28. 3	18, 5 ~ 25. 0
PBF Percent Body Fat (%)	35. 4	10.0~20.0
WHR Waist-Hip Ratio	1. 02	0.80~0.90
B M R Basal Metabolic Rate (kcal)	1511	1722 ~ 2022

Nutritional	Evaluation
THE RESERVE THE PARTY OF THE PA	

Protein	<b>▼</b> Normal	☐ Deficient		
Mineral	W Normal	☐ Deficient		
Fat	Normal	☐ Deficient	M Excessive	
Weight M	lanagemen	t		
Weight	□Normal	□ Under	☑ Over	
SMM	<b>∀</b> Normal	□Under	☐ Strong	
Fat	□Normal	□Under	✓ Over	
Obesity [	Diagnosis			
BMI	□Normal	☐ Under ☐ Extremel	☑ Over y Over	
PBF	□Normal	□ Under	✓ Over	
WHR	□Normal	□ Under	✓ Over	

Segment	al Lean	Lean Mass Evaluation
3. 1kg Normal		3. 0kg Normal
	Trunk 24.7kg Normal	
8.0kg Under		8. 2kg Normal

Segment	tal Fat	PBF Fat Mass Evaluation	
39. 3%		40, 3%	
2. 1 kg	anios debis	2. 2kg	ner!
Over	Trunk 37. 4%	Over	北西江
	15. 6kg Over		Right
31. 2%		31. 1%	
3.8kg		3. 9kg	
Over		Over	

\* Segmantal Fat is estimated.

### Impedance

Z RA LA TR RL LL 20thtz 300. 7 292. 0 25. 0 235. 2 243. 8 100thtz 271. 5 264. 3 21. 4 216. 0 225. 9

Muscle Control + 1.2 kg Fat Control - 19.4 kg Fitness Score 59

# Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

#### / Duration: 30min. / unit: kcal) Energy expenditure of each activity(base weight: 81. 8 kg Mountain Climbing Aerobic Walking Bicycle 286 267 286 286 245 164 Oriental Fencing Table tennis Badmintor Gate ball Football Tennis 185 409 155 286 185 245 Golf 144 409 409 409 Squats Push-ups Sit-ups

#### How to do

- 1. Choose practicable and preferable activities from the left.
- Choose exercises that you are going to do for 7 days.
- Calculate the total energy expenditure for a week.
- Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day 1600 kcal

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

Muscle-Fat Control

<sup>\*</sup>Use your results as reference when consulting with your physician or fitness trainer.



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

#### **OUT- PATIENT RECORD**

Date

MRNO Name

Age/Gender Mobile No

Passport No. Aadhar number

50 y/M.

150/110 Temp: Pulse: 90 Resp 22 Waist Circum: 98cm BMI: Weight Height 28.3

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Married, Norrey . T. glycometter, 180 Sleep: Norroal . T. Oronebak 40 145.

BIB: Norsa

. T. MUXLO 10D.

Noaddrehov

No Alleyy

KICLO DIM DET CON Co.

AH: Mostin: Wees: fastie: Heart Alfack.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961





TOUGHIN

AL.

Patient Name

: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M : STAR.0000057948

UHID/MR No Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 12:19PM

Reported

: 12/Aug/2023 02:18PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF HAEMATOLOGY

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

### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology: Microscopic

RBC: Mild Hypochromasia, Mild Anisocyte

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

Platelets : Adequate in Number Parasites : No Haemoparasites seen

IMPRESSION: Mild Hypochromasia, Mild Anisocyte blood picture

Note/Comment : Please Correlate clinically

Page 1 of 13







: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

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: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit .	Bio. Ref. Range	Method

HAEMOGLOBIN	11.2	g/dL	13-17	Spectrophotometer
PCV	33.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.12	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	82	fL	83-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	14.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (E	DLC)			
NEUTROPHILS	68	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	05	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT	•			
NEUTROPHILS	4080	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1500	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	120	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	300	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	265000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergre

Methodology: Microscopic

RBC: Mild Hypochromasia, Mild Anisocyte

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

Platelets: Adequate in Number Parasites: No Haemoparasites seen

IMPRESSION: Mild Hypochromasia, Mild Anisocyte blood picture

Note/Comment: Please Correlate clinically

Page 2 of 13





: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

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: 12/Aug/2023 03:20PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	HAEMATOLO	GY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

BLOOD GROUP TYPE	B	Forward & Reverse
BEOOD GROOT TITE		Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 13







: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

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Visit ID Ref Doctor : STAROPV62044 : Dr.SELF

Emp/Auth/TPA ID

: 762303183148

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: 12/Aug/2023 03:22PM

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: 12/Aug/2023 04:46PM

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, FASTING , NAF PLASMA	257	mg/dL	70-100	GOD - POD
Kindly correlate clinically				

# Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	309	mg/dL	70-140	GOD - POD
---	-----	-------	--------	-----------

Kindly correlate clinically

#### 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.

Ref: Marks medical biochemistry and clinical approach

Page 4 of 13

SIN No:PLF02013224,PLP1358770





: Mr.MANOJ VITHAL GURAV GA

Age/Gender

Visit ID

: 50 Y 8 M 11 D/M

UHID/MR No

: STAR.0000057948 : STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 04:04PM

Reported Status : 12/Aug/2023 06:24PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FUI	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
AROOI EIIII - IIIEBITTII	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN ,	10.7	%	HPLC
WHOLE BLOOD EDTA			Calculated
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	260	mg/dL	Calculated

#### Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS > 18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 - 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1
  and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications
  are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. 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. Fructosamine may be used as an alternate measurement of glycemic control

Page 5 of 13

SIN No:EDT230074508

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com





: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

: STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

: 762303183148

Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 12:11PM

Reported

: 12/Aug/2023 08:31PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	JS ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

IPID PROFILE , SERUM				
TOTAL CHOLESTEROL	166	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	421	mg/dL	<150	
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
VLDL CHOLESTEROL	84.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.37		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

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 6 of 13



SIN No:SE04450259





: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

: STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 02:15PM

Received

: 12/Aug/2023 04:04PM

Reported

: 12/Aug/2023 07:51PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY					
Test Name	Result	Unit	Bio. Ref. Range	Method	
LDL CHOLESTEROL - (DIRECT LDL)	62.54	mg/dL	<100	CHE/CHO/POD & Catalase	

Page 7 of 13







: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 12:11PM

Reported

: 12/Aug/2023 02:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF BIOCHEMISTRY

RCOFEMI - MEDIWHEEL - FUL	L BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - FY2324
(NOOT EIMT INEETITIEE	Result	Unit	Bio. Ref. Range	Method

VER FUNCTION TEST (LFT) , SERUM	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN, TOTAL	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
BILIRUBIN (INDIRECT)		U/L	4-44	JSCC
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17			JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	
ALKALINE PHOSPHATASE	93.00	U/L	32-111	IFCC
	6.90	g/dL	6.7-8.3	BIURET
PROTEIN, TOTAL ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

Page 8 of 13







: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

: STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 762303183148 Collected

: 12/Aug/2023 09:43AM

Received

: 12/Aug/2023 12:11PM

Reported Status : 12/Aug/2023 02:19PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

CREATININE	0.79	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	21.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	97	mmol/L	98-107	Direct ISE

Page 9 of 13



SIN No:SE04450259





: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

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: 12/Aug/2023 12:11PM

Reported Status : 12/Aug/2023 02:19PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPA	RTMENT	OF	BIOCH	HEMIST	ΓRY

ARCOFEMI - MEDIWHEEL - FUL	L BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

GAMMA GLUTAMYL TRANSPEPTIDASE	41.00	U/L	16-73	Glycylglycine Kinetic
(GGT), SERUM				method

Page 10 of 13



SIN No:SE04450259





: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

Collected

: 12/Aug/2023 09:43AM

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: 12/Aug/2023 11:14AM

Reported

: 12/Aug/2023 01:44PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL B	ODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	DIA - F12324
Test Name	Result	Unit	Bio. Ref. Range	Method

THYROID PROFILE TOTAL (T3, T4, TSH),	SERUM			JE1 EA
TRI-IODOTHYRONINE (T3, TOTAL)	0.8	ng/mL	0.67-1.81	ELFA
	6.48	μg/dL	4.66-9.32	ELFA
THYROXINE (T4, TOTAL)	2.860	uIU/mL	0.25-5.0	ELFA
THYROID STIMULATING HORMONE (TSH)	2.860	рюте		

#### Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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

Page 11 of 13



SIN No:SPL23115015





: Mr.MANOJ VITHAL GURAV GA

Age/Gender UHID/MR No : 50 Y 8 M 11 D/M : STAR.0000057948

Visit ID

: STAROPV62044

Ref Doctor Emp/Auth/TPA ID : Dr.SELF

. 76

: 762303183148

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: 12/Aug/2023 09:43AM

Received

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Reported Status : 12/Aug/2023 03:29PM : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF	IMMUNOLOGY	

ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method
Test Name	11000			

			Part Nation	FLEA	П
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA), SERUM	0.490	ng/mL	0-4	ELFA	

Page 12 of 13



SIN No:SPL23115015





: Mr.MANOJ VITHAL GURAV GA

Age/Gender

: 50 Y 8 M 11 D/M

UHID/MR No

: STAR.0000057948 : STAROPV62044

Visit ID Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 762303183148

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: 12/Aug/2023 02:13PM

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: 12/Aug/2023 04:35PM

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF CL	INICAL PATHO	LOGY	
ARCOFEMI - MEDIWHEEL - FU	LL BODY ANNUAL PLU	S ABOVE 50Y	MALE - 2D ECHO - PAN IN	IDIA - FY2324
	Result	Unit	Bio. Ref. Range	Method

PHYSICAL EXAMINATION				la l
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	TRACE		NEGATIVE	PROTEIN ERROR OF INDICATOR
	POSITIVE (+++)		NEGATIVE	GOD-POD
GLUCOSE	NEGATIVE		NEGATIVE	AZO COUPLING
URINE BILIRUBIN	NEGATIVE		NEGATIVE	NITROPRUSSIDE
URINE KETONES (RANDOM)	NORMAL		NORMAL	EHRLICH
UROBILINOGEN			NEGATIVE	Dipstick
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	PYRROLE
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	HYDROLYSIS
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY			
	3-5	/hpf	0-5	Microscopy
PUS CELLS	2-3	/hpf	<10	MICROSCOPY
EPITHELIAL CELLS		/hpf	0-2	MICROSCOPY
RBC	ABSENT	/libi	0-2 Hyaline Cast	MICROSCOPY
CASTS	NIL		ABSENT	MICROSCOPY
CRYSTALS	ABSENT		ADOLIVI	

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

DR. APEKSHA MADAN MBBS, DPB PATHOLOGY

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

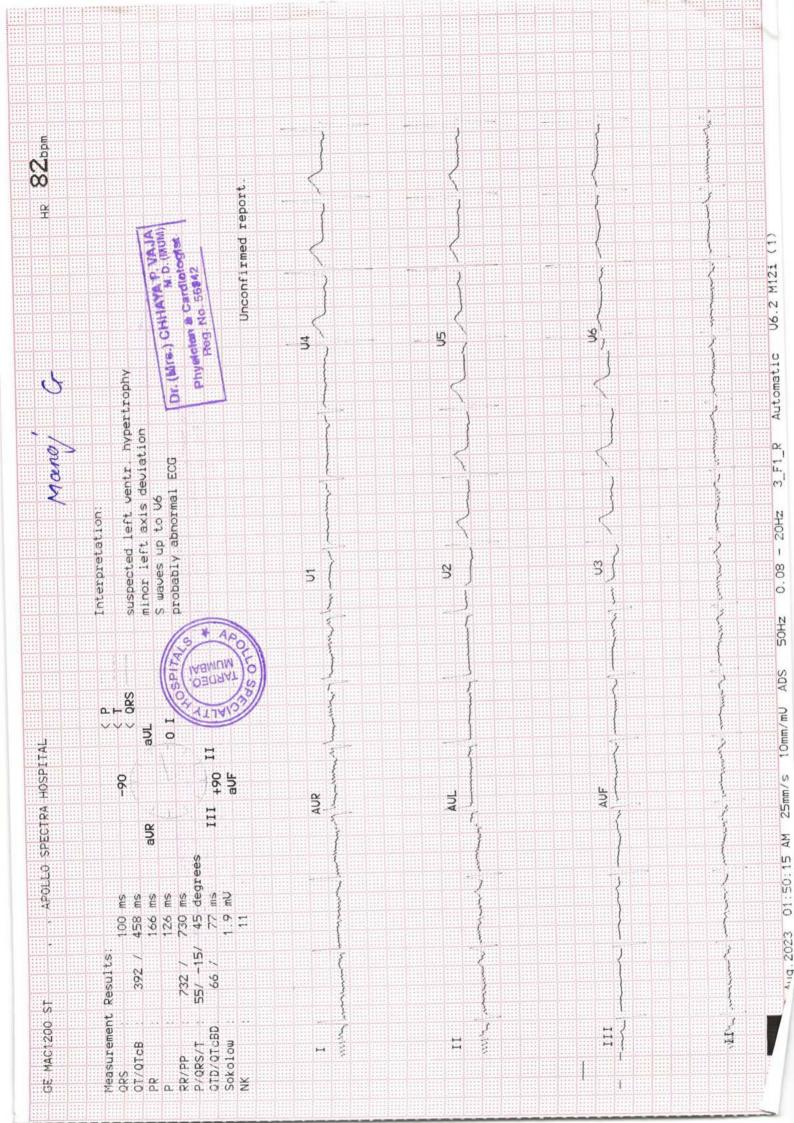
Consultant Pathologist

DR. Saachi Pravin Garg M.B.B.S, DNB (Pathologist) Consultant Pathologist

Page 13 of 13



SIN No:UR2165283





Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Age

: 50 Y M

: SELF

: STAR.0000057948

: STAROPV62044

Reported on

Adm/Consult Doctor

Patient Name

UHID

: 12-08-2023 13:31

OP Visit No Printed on

: 12-08-2023 13:31

Ref Doctor

# 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:12-08-2023 13:31

---End of the Report---

Dr. VINOD SHETTY Radiology



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500

www.apollospectra.com

Date

: 12/08/2023

Sex

: Male

Visit Type : OPD

# **ECHO Cardiography**

## Comments:

Name

Age

Normal cardiac dimensions.

: Mr.Manoj Gurav

: 50 Year(s)

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

Grade I diastolic dysfunction. Trivial MR/TR/AR.

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 WITH GRADE I DD.

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



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date: 12/08/2023

Sex : Male Visit Type : OPD

Name : Mr. Manoj Gurav

Age

: 50 Year(s)

Dimension:

EF Slope

80mm/sec

**EPSS** 

04mm

LA

29mm

AO

34mm

LVID (d)

50mm

LVID(s)

33mm

IVS (d)

11mm

LVPW (d)

11mm

LVEF

60% (visual)

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

### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961



Famous Cine Labs, 156, Pt. M.M. Malviya Road, Tardeo, Mumbai- 400 034.Ph. No.: 022 4332 4500 www.apollospectra.com

Date: 12-08-2023 Age: 50 years

Patient Name: MR.MANOJ GURAV : HEALTH CHECK UP Ref. By

# SONOGRAPHY OF ABDOMEN AND PELVIS

The liver is normal in size but shows mild diffuse increased echotexture suggestive LIVER:

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.

:The gall bladder is well distended and reveals normal wall thickness. There is no GALL evidence of calculus seen in it. BLADDER

PANCREAS: The pancreas is normal in size and echotexture. No focal mass lesion is seen.

:The spleen is normal in size and echotexture. No focal parenchymal mass lesion SPLEEN

is seen. The splenic vein is normal.

: The RIGHT KIDNEY measures 11.1 x 4.9 cms and the LEFT KIDNEY measures KIDNEYS 10.9 x 5.0 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydroneprosis 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 3.0 x 2.3 x 2.4 cms and weighs 9.0 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY**: 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. BLADDER

The Ultrasound examination reveals mild fatty infiltration of the Liver. IMPRESSION: No other significant abnormality is detected.

Report with compliments.

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

CONSULTANT SONOLOGIST.

(Formerly known as Nova Specialty Hospitals Private Limited) CIN: U85100KA2009PTC049961

# **EYE REPORT** Specialists in Surgery Name: M. Manoj Villal Juraa Ga Age/Sex: 50 yr / M Date: 12 | 08 1013 Ref No.:

Age /Sex:				
Complaint:	Do	ocular	di	
Examination	Do &	k ldo	PM.	s Mt.
	u (	6/9.	<b>*</b> 3	

Noan Vik No

Spectacle Rx

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

Remarks:

Mou L. Kun

**Medications:** 

Trade Name	Frequency	Duration

Follow up:

Junden K W

Consultant:

**Apollo Spectra Hospitals** 

Famous Cine Labs, 156, Pt. M. M. Malviya Road, Tardeo, Mumbai - 400 034. Tel.: 022 4332 4500 www.apollospectra.com



# InBody

**D** 0

Age 50

manoj

Height 170cm

Male

Gender

Date 12. 8. 2023

Time 10:00:43

APOLLO SPECTRA HOSPITAL

**Body Composition** 

		Unde	THE STATE OF		lorm:				Ove	r		UNIT:%	Normal Range
Weight	40	55	70	85	100	115	130 81	145 . 8 k	160 g	175	190	205	54. 0 <b>~</b> 73. 1
Muscle Mass	60	70	80	90	= 29.	110 2 kg	120	130	140	150	160	170	27.1~33.1
Body Fat Mass	20	40	60	80	100	160	220	280	340 29.	400 O kg	460	520	7. 6 ~ 15. 3
T B W Total Body Water		9 kg (					F F I						(46. 4~ 57. 9)
Protein		4 kg (					Mir	iera	ı *		3	. 55 kg	(3. 31~4. 04)

\* Mineral is estimated.

**Obesity Diagnosis** 

	Value	Normal Range
BMI (win)	28. 3	18, 5 ~ 25. 0
PBF Percent Body Fat (%)	35. 4	10.0~20.0
WHR Waist-Hip Ratio	1. 02	0.80~0.90
B M R Basal Metabolic Rate (kcal)	1511	1722 ~ 2022

Nutritional	Evaluation
THE RESERVE THE PARTY OF THE PA	

Protein	<b>▼</b> Normal	☐ Deficient				
Mineral	W Normal	☐ Deficient				
Fat	Normal	☐ Deficient	M Excessive			
Weight M	lanagemen	t				
Weight	□Normal	□ Under	☑ Over			
SMM	<b>∀</b> Normal	□Under	☐ Strong			
Fat	□Normal	□Under	✓ Over			
Obesity [	Diagnosis					
BMI	□Normal	☐ Under ☐ Extremel	☑ Over y Over			
PBF	□Normal	□ Under	✓ Over			
WHR	□Normal	□ Under	✓ Over			

Segment	al Lean	Lean Mass Evaluation
3. 1kg Normal		3. 0kg Normal
	Trunk 24.7kg Normal	
8.0kg Under		8. 2kg Normal

Segment	PBF Fat Mass Evaluation		
39. 3%		40, 3%	
2. 1 kg	anios debis	2. 2kg	ner!
Over	Trunk 37. 4%	Over	北西江
	15. 6kg Over		Right
31. 2%		31. 1%	
3.8kg		3. 9kg	
Over		Over	

\* Segmantal Fat is estimated.

### Impedance

Z RA LA TR RL LL 20thtz 300. 7 292. 0 25. 0 235. 2 243. 8 100thtz 271. 5 264. 3 21. 4 216. 0 225. 9

Muscle Control + 1.2 kg Fat Control - 19.4 kg Fitness Score 59

# Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

#### / Duration: 30min. / unit: kcal) Energy expenditure of each activity(base weight: 81. 8 kg Mountain Climbing Aerobic Walking Bicycle 286 267 286 286 245 164 Oriental Fencing Table tennis Badmintor Gate ball Football Tennis 185 409 155 286 185 245 Golf 144 409 409 409 Squats Push-ups Sit-ups

#### How to do

- 1. Choose practicable and preferable activities from the left.
- Choose exercises that you are going to do for 7 days.
- Calculate the total energy expenditure for a week.
- Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day 1600 kcal

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

Muscle-Fat Control

<sup>\*</sup>Use your results as reference when consulting with your physician or fitness trainer.



Patient Name : Mr. Manoj Vithal Gurav Ga Age/Gender : 50 Y/M

 UHID/MR No.
 : STAR.0000057948
 OP Visit No
 : STAROPV62044

 Sample Collected on
 : 12-08-2023 13:31

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 762303183148

#### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lung fields and hila are normal.

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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



Patient Name : Mr. Manoj Vithal Gurav Ga Age/Gender : 50 Y/M

UHID/MR No.: STAR.0000057948OP Visit No: STAROPV62044Sample Collected on: 12-08-2023 12:54

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 762303183148

#### **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.

GALL :The gall bladder is well distended and reveals normal wall thickness. There is no

**BLADDER** 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

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**KIDNEYS**: The **RIGHT KIDNEY** measures 11.1 x 4.9 cms and the **LEFT KIDNEY** measures

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**PROSTATE:** The prostate measures 3.0 x 2.3 x 2.4 cms and weighs 9.0 gms. It is normal in size,

shape and echotexture. No prostatic calcification is seen.

URINARY : The urinary bladder is well distended and is normal in shape and contour.

**BLADDER** 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.

Dr. VINOD SHETTY Radiology

Customer Pending Tests
ENT and Diet consultation pending as doctor was on emergency leave, scheduled for 16th August 2023.
16/08/2023 - pending investigations were scheduled for today, but customer was unable to visit.

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