

OUT- PATIENT RECORD

Date : 14/10/2023
MRNO : 59131
Name : Mr. Niraj Kumar
Age/Gender : 35 yrs / male
Mobile No :
Passport No :
Aadhar number :

Pulse : 80 /min	B.P : 130/90 mm/Hg	Resp : 16 /min	Temp : (N)
Weight : 83.3 kg	Height : 171 cm	BMI : 28.5	Waist Circum : 99 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegetarian
Sleep: (N) B/B (N) No Allergy.
No addiction
Moderately Active
FH: Father: HT/DM
Lipid ↑ SGOT/SGPT ↑ sed.
① Avoid oil/ghee/fried foods.
② morning walk 45 min daily
③ Repeat Lipid / LFT after 2 months.

Follow up date:

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

Doctor's Signature

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
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Patient Name : Mr.NIRAJ KUMAR Age/Gender : 35 Y 6 M 9 D/M UHID/MR No : STAR.0000059131 Visit ID : STAROPV64045 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8600286793	Collected : 14/Oct/2023 10:00AM Received : 14/Oct/2023 11:04AM Reported : 14/Oct/2023 01:16PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Normocytic normochromic
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Slightly reduced in Number, Few Giant Platelete noted in smear.
 Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture, Platelets : Slightly reduced in Number, Few Giant Platelete noted in smear.
 Note/Comment : Please Correlate clinically



Patient Name : Mr.NIRAJ KUMAR	Collected : 14/Oct/2023 10:00AM
Age/Gender : 35 Y 6 M 9 D/M	Received : 14/Oct/2023 11:04AM
UHID/MR No : STAR.0000059131	Reported : 14/Oct/2023 01:25PM
Visit ID : STAROPV64045	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14.3	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	45.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.32	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.1	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	31.6	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,330	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	59.7	%	40-80	Electrical Impedance
LYMPHOCYTES	27.2	%	20-40	Electrical Impedance
EOSINOPHILS	2.2	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	0.5	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5570.01	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2537.76	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	205.26	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	933	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	46.65	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT	102000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
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PERIPHERAL SMEAR

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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Result is rechecked. Kindly correlate clinically



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



TO UPLIFTING LIVES

Patient Name : Mr.NIRAJ KUMAR	Collected : 14/Oct/2023 01:10PM
Age/Gender : 35 Y 6 M 9 D/M	Received : 14/Oct/2023 01:59PM
UHID/MR No : STAR.0000059131	Reported : 14/Oct/2023 02:00PM
Visit ID : STAROPV64045	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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.



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DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	96	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	
HDL CHOLESTEROL	31	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	65	mg/dL	<130	Calculated
LDL CHOLESTEROL	31.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	33.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.10		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	89	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	143.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	88.00	U/L	32-111	IFCC
PROTEIN, TOTAL	8.00	g/dL	6.7-8.3	BIURET
ALBUMIN	5.10	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.90	g/dL	2.0-3.5	Calculated
A/G RATIO	1.76		0.9-2.0	Calculated

Kindly correlate clinically.

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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

TOU...ING...LIVES

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DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04512150

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.86	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.70	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.80	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	19.00	U/L	16-73	Glycylglycine Kinetic method
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DEPARTMENT OF IMMUNOLOGY

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

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

TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.02	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.500	µIU/mL	0.25-5.0	ELFA

Comment:

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

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

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



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION


URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***


 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY


 Dr. Pratibha Kadam
 M.B.B.S., M.D (Pathology)
 Consultant Pathologist



Name : Mr.Niraj Kumar
Age : 35 Year(s)

Date : 14/10/2023
Sex : Male
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

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Name : Mr.Niraj Kumar
Age : 35 Year(s)

Date : 14/10/2023
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	150mm/sec
EPSS	06mm
LA	31mm
AO	28mm
LVID (d)	40mm
LVID(s)	24mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

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

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Patient Name : MR. NIRAJ KUMAR
Ref. By : HEALTH CHECK UP

Date : 14-10-2023
Age : 35 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I). No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 11.1 x 4.4 cms and the **LEFT KIDNEY** measures 11.1 x 5.1 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

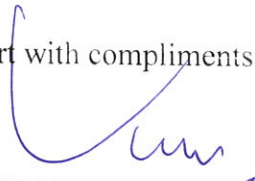
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.0 x 2.9 x 2.7 cms and weighs 12.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.


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

Patient Name	: Mr. Niraj Kumar	Age	: 35 Y M
UHID	: STAR.0000059131	OP Visit No	: STAROPV64045
Reported on	: 14-10-2023 11:22	Printed on	: 14-10-2023 11:22
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA


Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:14-10-2023 11:22

---End of the Report---



Dr. VINOD SHETTY
Radiology

EYE REPORT

Name: *Niraj Kumar*

Date: *15/10/2022*

Age / Sex: *35 yr / M*

Ref No.:

Complaint: *clo pain, watery eye*
no h/o SS/DA

Examination

U/L 6/6
6/9

Near U/L & M/L

Spectacle Rx

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

Remarks: *Chronic U/L ker*

As for papilla

Medications:


Trade Name	Frequency	Duration

Follow up: *Kumar X*

Adv
(Bt) Opopal KR eye
2x daily

Consultant:

Pisachub aka
HLA



GE MAC1200 ST

MR. Niraj Kumar
SB131
HR 80 bpm

35 yrs male
14/10/2023

Interpretation:
12SL - Interpretation:
Accelerated Junctional rhythm
Abnormal ECG

within Normal limits

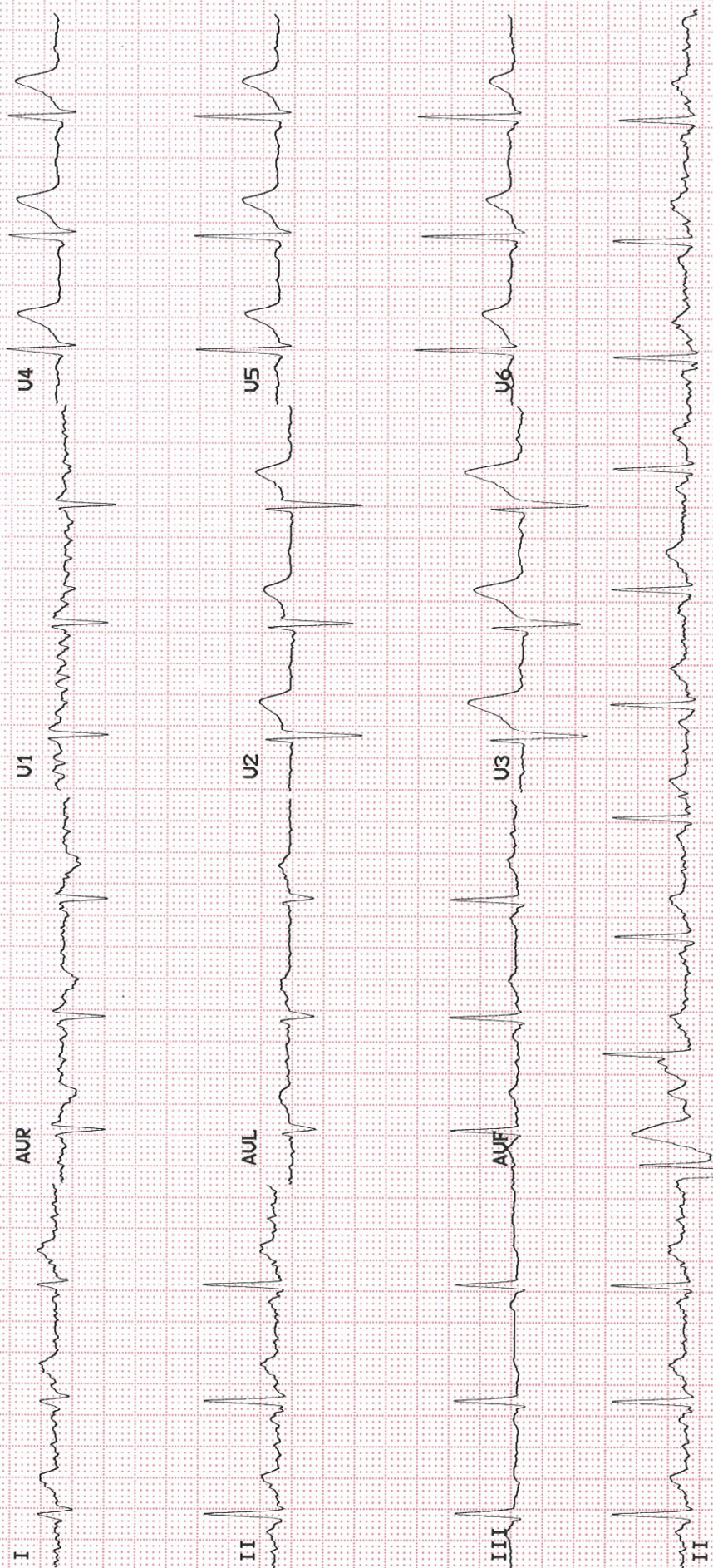


Unconfirmed report.

Measurement Results:

QRS	:	94	ms
QT/QTcB	:	374 / 431	ms
PR	:	ms	ms
P	:	ms	ms
RR/PP	:	742 / 680	ms
P/QRS/T	:	81 / 40	degrees

< T
 < QRS
 aVR aVL aVF
 -90 0 I
 III II
 +90 aVF



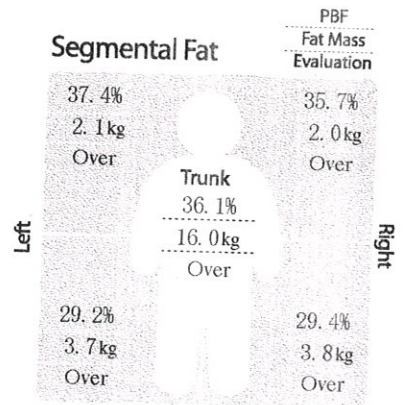
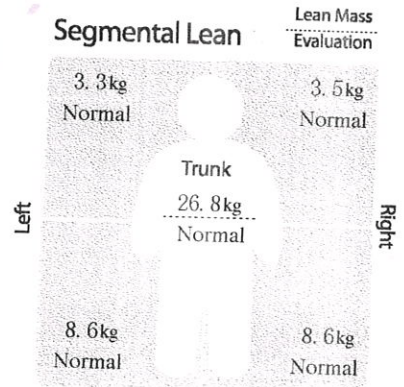
Mr. Niraj Kumar

ID: _____ Height 171cm Date 14.10.2023 APOLLO SPECTRA HOSPITAL
 Age 35 Gender Male Time 10:38:08

Body Composition

	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				54.7 ~ 74.0
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				27.4 ~ 33.5
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				7.7 ~ 15.4
TBW Total Body Water	39.9 kg (36.2 ~ 44.2)		FFM Fat Free Mass		54.3 kg (47.0 ~ 58.5)
Protein	10.9 kg (9.7 ~ 11.8)		Mineral*		3.55 kg (3.35 ~ 4.09)

* Mineral is estimated.



* Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	28.5	18.5 ~ 25.0
PBF Percent Body Fat (%)	34.8	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.06	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1543	1746 ~ 2052

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management

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

Obesity Diagnosis

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	<input type="checkbox"/> Extremely Over
PBF	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	
WHR	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over	

Muscle-Fat Control

Muscle Control	+ 0.4 kg	Fat Control	- 19.4 kg	Fitness Score	60
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	279.8	296.0	30.2	265.0	262.5
100kHz	248.4	262.8	26.0	235.2	232.9

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

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

Energy expenditure of each activity (base weight: 83.3 kg / Duration: 30min. / unit: kcal)

Walking 167	Jogging 292	Bicycle 250	Swim 292	Mountain Climbing 272	Aerobic 292
Table tennis 188	Tennis 250	Football 292	Oriental Fencing 417	Gate ball 158	Badminton 188
Racket ball 417	Tae-kwon-do 417	Squash 417	Basketball 250	Rope jumping 292	Golf 147
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle

How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

* Recommended calorie intake per day
 1600 kcal

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



भारत सरकार
Government of India



Issue Date: 10/12/2014



नीरज कुमार
Niraj Kumar
जन्म तारीख / DOB : 05/04/1988
पुरुष / Male



3023 3523 0225



3023 3523 0225

मेरा आधार, मेरी पहचान

Patient Name	: Mr. Niraj Kumar	Age/Gender	: 35 Y/M
UHID/MR No.	: STAR.000059131	OP Visit No	: STAROPV64045
Sample Collected on	:	Reported on	: 14-10-2023 11:22
LRN#	: RAD2125552	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 8600286793		

DEPARTMENT OF RADIOLOGY

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Dr. VINOD SHETTY
Radiology

Patient Name	: Mr. Niraj Kumar	Age/Gender	: 35 Y/M
UHID/MR No.	: STAR.0000059131	OP Visit No	: STAROPV64045
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Emp/Auth/TPA ID	: 8600286793		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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No other significant abnormality is detected.



Dr. VINOD SHETTY
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