

#### **APOLLO SPECTRA HOSPITALS**

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

91912023

**MRNO** Name

mr. Partha North

Age/Gender

35 yrs imale

Mobile No Passport No. : 8638573655

Aadhar number

1 1		
Pulse: 92/m/ B.P: 120/90	Resp: 16/mmy	Temp: (N)
Weight: 73.2 Height: 159c.Y	BMI: 29.0	Waist Circum : 94

General Examination / Allergies History

Clinical Diagnosis & Management Plan Spn = 991

Married, Nonrejelanan Sleep: @ BfB: @ No allufy. No eiddiction. Moduately Aetme

PH: Reiden: Ph

UA7.10

O Averd deze proben diet

@ Repeat UA offin 2000 Als. @ Morring welk UK win dasa

Dr. (Mrs.) CHHAYA P. VAJA M. D. (MUM) Physician & Cardiologist

Reg. No. 56842

Doefor Signature

Follow up date:

# APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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

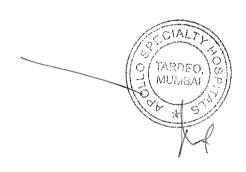
Registered Office: #7-1-617/A,615 & 616, Imperial Towers,7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

## **Apollo Spectra Hospitals**

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



Patient Name: Parth North	Age:
Address:	Date: 9/9/2023
<b>\</b>	,
- Scaling	
- x-ray = 14	



Signature

Dr. Rinal Modi B.D.S (Mumbai)

Dental Surgeon Reg. No. : A -28591

M: 87792 56365 / 98922 90876

E:doctorrinal@gmail.com

## EYE REPORT



Name:	Park	And	Ralen	Nalk

Date: 09/09/1013

Age /Sex: 35 / ™

Ref No.:

Complaint:

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Examination

				6/6
		14.	1	
Spectacle	Rx	ia vi	-	6/6

Near Unfry

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	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read				mper-negativeness				

Remarks:

Down la & Defective

Medications:

As Iwa

Trade Name	Frequency	Duration
	/ CI	METAL I

Follow up:

Frender Lyn

Collow Cin

Consultant:

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

Wed



Specialists in Surgery

**APOLLO SPECTRA HOSPITALS** 

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

9/9/2023

Name: Partha P. Nath Age: 35yr/M

- For Health Check up - Offers us complaints

BILTMintact, mobile

Nose -

Soften deviated to(R)

c candal dislocation(L)

Musha

Throat -NAD

Jup: ENT-NAD



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



#### **DIETARY GUIDELINES FOR BALANCED DIET**

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

#### **FOOD ALLOWED**

FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma, etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

## **FOODS TO AVOID**

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.cbr@apollospectra.com

Cont: 8452884100





Patient Name E

: Mr.PARTHA PRATIM NATH

Age/Gender

: 35 Y 4 M 12 D/M

UHID/MR No

Visit ID

: STAR.0000058526

Ref Doctor Emp/Auth/TPA ID : STAROPV62972

: Dr.SELF : 186696 Collected Received : 09/Sep/2023 10:02AM

: 09/Sep/2023 11:00AM

Reported

: 09/Sep/2023 12:25PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF HAEMATOLOGY

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

#### PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Methodology: Microscopic

RBC : Normocytic normochromic

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

Platelets : Slightly reduced in smear Parasites : No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture, Slightly reduced in smear

Note/Comment : Please Correlate clinically

Page 1 of 14



SIN No:BED230217622





Patient Name

: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No

: 35 Y 4 M 12 D/M

Visit ID

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: ARCOFEMI HEALTHCARE LIMITED

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

			Water than the same of the sam
14.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
46.40	%	40-50	PULSE HEIGHT AVERAGE
5.1	Million/cu.mm	4.5-5.5	Electrical Impedence
91	fL	83-101	Calculated
29	pg	27-32	Calculated
31.9	g/dL	31.5-34.5	Calculated
12.4	%	11.6-14	Calculated
4,540	cells/cu.mm	4000-10000	Electrical Impedance
(DLC)			
64	%	40-80	Electrical Impedance
27	%	20-40	Electrical Impedance
03	%	1-6	Electrical Impedance
06	%	2-10	Electrical Impedance
00	%	<1-2	Electrical Impedance
2905.6	Cells/cu.mm	2000-7000	Electrical Impedance
1225.8	Cells/cu,mm	1000-3000	Electrical Impedance
136.2	Cells/cu.mm	20-500	Electrical Impedance
272.4	Cells/cu.mm	200-1000	Electrical Impedance
138000	cells/cu.mm		IMPEDENCE/MICROSCOPY
02	mm at the end of 1 hour	0-15	Modified Westergren
	46.40 5.1 91 29 31.9 12.4 4,540 (DLC) 64 27 03 06 00 2905.6 1225.8 136.2 272.4 138000	46.40 % 5.1 Million/cu.mm 91 fL 29 pg 31.9 g/dL 12.4 % 4,540 cells/cu.mm (DLC) 64 % 27 % 03 % 06 % 00 %  2905.6 Cells/cu.mm 1225.8 Cells/cu.mm 136.2 Cells/cu.mm 272.4 Cells/cu.mm 02 mm at the end	46.40 % 40-50 5.1 Million/cu.mm 4.5-5.5 91 fL 83-101 29 pg 27-32 31.9 g/dL 31.5-34.5 12.4 % 11.6-14 4,540 cells/cu.mm 4000-10000  (DLC)  64 % 40-80 27 % 20-40 03 % 1-6 06 % 2-10 00 % <1-2  2905.6 Cells/cu.mm 2000-7000 1225.8 Cells/cu.mm 1000-3000 136.2 Cells/cu.mm 20-500 272.4 Cells/cu.mm 200-1000 138000 cells/cu.mm 150000-410000 02 mm at the end 0-15

Methodology: Microscopic RBC: Normocytic normochromic

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

Platelets : Slightly reduced in smear Parasites: No Haemoparasites seen

IMPRESSION: Normocytic normochromic blood picture, Slightly reduced in smear

Note/Comment: Please Correlate clinically

Page 2 of 14

SIN No:BED230217622





: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No

: 35 Y 4 M 12 D/M

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Ref Doctor

: STAROPV62972 : Dr.SELF

Emp/Auth/TPA ID : 186696

Collected

: 09/Sep/2023 10:02AM

Received

: 09/Sep/2023 11:00AM

Reported Status : 09/Sep/2023 12:22PM

Sponsor Name

: Final Report

r Name : ARCOFEMI HEALTHCARE LIMITED

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

LOOD GROUP ABO AND RH FAC	TOTA, WHOLE BEOOD EDIA	
BLOOD GROUP TYPE	В	Forward & Reverse Grouping with Slide/Tube Aggluti
INITIFE	POSITIVE	Forward & Reverse Grouping with Slide/Tube Agglutination

Page 3 of 14

SIN No:BED230217622





Patleht Name S

: Mr.PARTHA PRATIM NATH

Age/Gender

: 35 Y 4 M 12 D/M

UHID/MR No Visit ID

: STAR.0000058526 : STAROPV62972

Ref Doctor Emp/Auth/TPA ID

: Dr.SELF : 186696

Collected

: 09/Sep/2023 01:42PM

: 09/Sep/2023 02:12PM

Received Reported

: 09/Sep/2023 03:15PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

GLUCOSE, FASTING, NAF PLASMA 78 mg/dL 70-100 GOD - POD

#### Comment:

As per American Diabetes Guidelines, 2023

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

#### Note:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	74	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.

Ref: Marks medical biochemistry and clinical approach

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SIN No:PLF02025332,PLP1367353





: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No

: 35 Y 4 M 12 D/M

Visit ID

: STAR.0000058526 : STAROPV62972

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

: 186696

Collected

: 09/Sep/2023 10:02AM

Received

: 09/Sep/2023 03:49PM

Reported

: 09/Sep/2023 05:25PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

	DEPARTMENT OF	BIOCHEMISTR	Υ	
ARCOFEMI - MEDIWHEEL - I	FULL BODY ANNUA	L PLUS MALE -	2D ECHO - PAN INDIA	- FY2324
Test Name	Result	Unit	Bio. Ref. Range	Method

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	4.5	%	HPLC	7
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	82	mg/dL	Calculated	$\dashv$

#### Comment:

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

HBA1C %	
<5.7	
5.7 – 6.4	
≥ 6.5	
6 – 7	
7 – 8	
8 – 10	
>10	
	5.7 - 6.4 ≥ 6.5 6 - 7 7 - 8

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. 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.
- 4. 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.
- 5. 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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: Mr.PARTHA PRATIM NATH

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Reported Status : 09/Sep/2023 05:25PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT	OF	BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL	BILLOTTAL
MESIWILLE - I OLL BODY ANNUAL	- PLUS MALE - 2D ECHO - DAN INDIA - EVOCA
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	

Test Name

Result

Unit

Bio. Ref. Range

Method

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SIN No:EDT230083150





: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No

: 35 Y 4 M 12 D/M

Visit ID

: STAR.0000058526 : STAROPV62972

Ref Doctor Emp/Auth/TPA ID : Dr.SELF : 186696 Collected Received : 09/Sep/2023 10:02AM

: 09/Sep/2023 10:57AM

Reported

: 09/Sep/2023 02:56PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

TOTAL CHOLESTEROL	177	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	113	mg/dL	<150	CHE/CHO/POD
HDL CHOLESTEROL	36	mg/dL	>40	CUE/OUO/DOD
NON-HDL CHOLESTEROL	141	mg/dL	<130	CHE/CHO/POD
LDL CHOLESTEROL	118.4	mg/dL		Calculated
VLDL CHOLESTEROL	22.6		<100	Calculated
CHOL / HDL RATIO		mg/dL	<30	Calculated
STOLYTIDE TO THE	4.92		0-4.97	Calculated

Kindly Correlate Clinically.

#### Comment:

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

	Desirable	Borderline High		
TOTAL CHOLESTEROL	< 200	200 - 239		Very High
TRIGLYCERIDES	<150	150 - 199	≥ 240 200 - 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

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: Mr.PARTHA PRATIM NATH

Age/Gender

: 35 Y 4 M 12 D/M

UHID/MR No Visit ID

: STAR.0000058526

Ref Doctor Emp/Auth/TPA ID : STAROPV62972

: Dr.SELF : 186696 Collected

: 09/Sep/2023 10:02AM

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Reported Status : 09/Sep/2023 02:56PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

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

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

Page 8 of 14







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Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name Result Unit Bio. Ref. Range Method

BILIRUBIN, TOTAL	1.00	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	101.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.40	g/dL	2.0-3.5	Calculated
A/G RATIO	2.08		0.9-2.0	Calculated

Page 9 of 14







: Mr.PARTHA PRATIM NATH

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: 35 Y 4 M 12 D/M

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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			

CREATININE	0.86	mg/dL	0.6-1.1	ENZYMATIC METHOD
JREA	22.70	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.10	mg/dL	4.0-7.0	URICASE
CALCIUM	9.60	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.40	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE

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Glycylglycine Kinetic

Patleht Name

: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No : 35 Y 4 M 12 D/M

Visit ID

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Ref Doctor

(GGT), SERUM

: STAROPV62972

: Dr.SELF Emp/Auth/TPA ID : 186696

Collected

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: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF	BIOCHEMIST	RY	
LL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA	A - FY2324
Result	Unit	Bio. Ref. Range	Method
	LL BODY ANNUA	LL BODY ANNUAL PLUS MALE	DEPARTMENT OF BIOCHEMISTRY  LL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA  Result Unit Bio. Ref. Range

Page 11 of 14





Patient Name

: Mr.PARTHA PRATIM NATH

Age/Gender

: 35 Y 4 M 12 D/M

UHID/MR No Visit ID

: STAR.0000058526

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: STAROPV62972

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Collected

: 09/Sep/2023 10:02AM

: 09/Sep/2023 10:57AM

Received Reported

: 09/Sep/2023 01:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY							
ARCOFEMI - MEDIWHEE	L - FULL BODY ANNUA	L PLUS MALE	- 2D ECHO - PAN INDIA - I	FY2324			
Test Name Result Unit Bio. Ref. Range Method							

THYROID PROFILE TOTAL (T3, T4, TSH), SERUM							
TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.67-1.81	ELFA			
THYROXINE (T4, TOTAL)	8.09	μg/dL	4.66-9.32	ELFA			
THYROID STIMULATING HORMONE (TSH)	1.900	μIU/mL	0.25-5.0	ELFA			

#### Comment:

#### Note:

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

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

TSH	Т3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	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	Ν	N	T3 Thyrotoxicosis, Non thyroidal causes

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: Mr.PARTHA PRATIM NATH

Age/Gender UHID/MR No : 35 Y 4 M 12 D/M

Visit ID

: STAR.0000058526 : STAROPV62972

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

: 186696

Collected

: 09/Sep/2023 10:02AM

: 09/Sep/2023 10:57AM

Received Reported

: 09/Sep/2023 01:26PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

High High High Pituitary Adenoma; TSHoma/Thyrotropinoma

Page 13 of 14



SIN No:SPL23128772





Patient Name

: Mr.PARTHA PRATIM NATH

Age/Gender

: 35 Y 4 M 12 D/M

UHID/MR No

: STAR.0000058526 : STAROPV62972

Visit ID Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 186696

Collected

: 09/Sep/2023 10:02AM

Received

: 09/Sep/2023 01:22PM

Reported

: 09/Sep/2023 02:41PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

COMPLETE URINE EXAMINATION (C	UE) , URINE			
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	N.C.
TRANSPARENCY	CLEAR		CLEAR	Visual Visual
рН	6.5		5-7.5	
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue Dipstick
BIOCHEMICAL EXAMINATION		1	1.002-1.000	Dipstick
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MO	JNT AND MICROSCOPY			1.1.01.021.010
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL	· · · · · · · · · · · · · · · · · · ·	0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

DR. APEKSHA MADAN MBBS, DPB **PATHOLOGY** 

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

Consultant Pathologist

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SIN No:UR2181253



Name

: Mr. Parth Nath

Age

: 35 Year(s)

Date

: 09/09/2023

Sex

: Male

Visit Type : OPD

# **ECHO Cardiography**

## **Comments:**

Normal cardiac dimensions.

Structurally normal valves.

No evidence of LVH.

Intact IAS/IVS.

No evidence of regional wall motion abnormality.

Normal LV systolic function (LVEF 60%).

No diastolic dysfunction.

Normal RV systolic function.

No intracardiac clots / vegetation/ pericardial effusion.

No evidence of pulmonary hypertension.PASP=30mmHg.

IVC 12 mm collapsing with respiration.

# **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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



Name

: Mr. Parth Nath

Age : 35 Year(s)

Date : 09/09/2023

Sex : Male

Visit Type : OPD

Dimension:

EF Slope

140mm/sec

**EPSS** 

04mm

LA

27mm

ΑO

26mm

LVID (d)

40mm

LVID(s)

21mm

IVS (d)

11mm

LVPW (d)

11mm

**LVEF** 

60% (visual)

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



Ref. By

Patient Name: MR.PARTHA NATH : HEALTH CHECK UP

Date: 09-09-2023 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 10.1 x 4.0 cms and the **LEFT KIDNEY** measures 10.4 x 4.2 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 3.3 x 2.8 x 2.7 cms and weighs 13.6 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.

Report with compliments.

DR.VINOD V.SHETTY

MD, D.M.R.D.

CONSULTANT SONOLOGIST.



Patient Name

: Mr. PARTHA PRATIM NATH

Age

: 35 Y M

UHID

: STAR.0000058526

OP Visit No

: STAROPV62972

Reported on

: 11-09-2023 08:39

Printed on

: 11-09-2023 08:39

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:11-09-2023 08:39

---End of the Report---

Dr. VINOD SHETTY

Radiology

Parthy Nath

Left F

Age

Height 159cm

Date

9. 9. 2023

APOLLO SPECTRA HOSPITAL

Gender Male Time 10:19:57

Spy -991,

# **Body Composition**

					(0)	ver .			. Nomaj Rance
Weight	40	55 70	85 100	110 100	73. 2 kg	175	190	205	47. 3 ~ 64. 0
Muscle Mass Skeletal Muscle Mass	60	70 80	90 100	110 120 26. 5 kg	130 140	150	160	170	23. 5 ~ 28. 7
Body Fat Mass	20	40 60	90 100	160 220	280 340 25.	9 kg	460	520	6. 7 ~ 13. 4
T B W Total Body Water	34. 7	kg (31. 3	~ 38. 2)	F F Fat Fre			47.	3 kg (	40. 6~50. 6)
Protein	9. 5	kg (8. 4~	10. 2)	Mir	neral*		3. (	)8 kg (2	2. 89~ 3. 54)

## Segmental Lean 2. 9kg

Normal

6.9kg

Under

Evaluation 2.9kg Normal

Trunk

23. 4 kg

Normal

7. 1 kg Under

#### \* Mineral is estimated.

# **Obesity Diagnosis**

-7	9.103	RESIDENCE STORES		Nutritional Evaluation	on	
		77.181 200.000 200.000	Normal Range	Protein Mormal	☐ Deficient	
B M I Body Mass Index	(kg/m²)	29. 0	10 5 05 0	Mineral Mormal	☐ Deficient	
	29.0	18. 5 <b>~</b> 25. 0	Fat □ Norma	□ Deficient	Excessive	
PBF				Weight Managemen	t	
Percent Body Fat	(%)	35. 4	10.0 ~ 20.0	Weight □Normal	□Under	<b></b> Over
				SMM Mormal	□Under	☐ Strong
WHR		0. 99	0.80~0.90	Fat □Normal	□Under	✓ Over
Waist-Hip Ratio			0. 60 ~ 0. 90	Obesity Diagnosis		
BMR Basal Metabolic Rate	(kcal)	1391	1590 1040	BM     Normal	☐ Under ☐ Extremely	☑ Over Over
pasti Metabolic Kale	:	1031	1580 ~ 1848	PBF □Normal	□ Under	☑ Over
				WHR Normal	□ Under	☑ Over

Segmental Fat	PBF Fat Mass Evaluation
37. 2% 1. 8kg Over Trunk 36. 5% 14. 2kg Over	36. 8% 1. 8 kg Over
31.8% 3.4kg Over *Segmantal	31. 6% 3. 5 kg Over Fat is estimated.

## Muscle-Fat Control

Muscle Control

 $0.0 \, \mathrm{kg}$ 

**Fat Control** 

- 17.6 kg

Fitness Score

0

TARDEO

MUMBAI

**Impedance** 

Z RA LA TR RL LL 20kHz 283. 8 288. 8 27. 4 255. 1 265. 3 100kHz 253. 0 257. 6 23. 5 222. 7 232. 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.

Energ	y expend	liture o	f each act	ivity(base	e weiaht:	73 2	kg / Durat	ion: 20-			-
À	Walking	2	Jogging	1000	Bicycle	10.2	Swim	1011.301	Mountain		,
<u> </u>	146	P	256	DIC	220	4	256	t	Climbing 239	4	Aerobic
zi.	Table tennis	å.	Tennis		Football	•	Oriental	4	Gate ball	.04	256
N	165	不	220	1	256	R	Fencing 366	N	139	4	Badminto
2	Racket ball	4	Tae- kwon-do		Squash		Basketball	£	Rope		165
A	366		366	97	366	1	220		jumping 256		Golf
	Push-ups		Sit-ups	(A)	Weight	<u> </u>	Dumbbell		Elastic		129
	development of upper body		ebdominal muscle training		training backache prevention	K	exercise muscle strength		band	: 1	Squats maintenance of
L				. ,	biographic i				muscle strength	<b>L</b> I	lower body musicle

## • 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

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

