

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

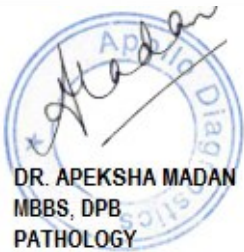
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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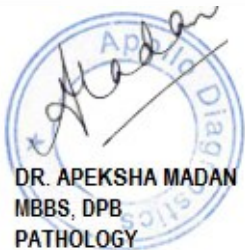
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 48.30 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.75 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 101.7 | fL | 83-101 | Calculated |
| MCH | 33.6 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,080 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 63 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 04 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 06 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3200.4 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1371.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 203.2 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 304.8 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.33 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 249000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 14



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MBBS, DPB
PATHOLOGY



SIN No:BED240079325

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DEPARTMENT OF HAEMATOLOGY

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Note/Comment : Please Correlate clinically


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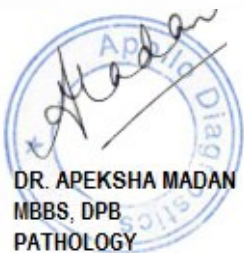
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DEPARTMENT OF HAEMATOLOGY

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | 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 |
|-------------------------------|--------|-------|-----------------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 100 | mg/dL | 70-100 | GOD - POD |

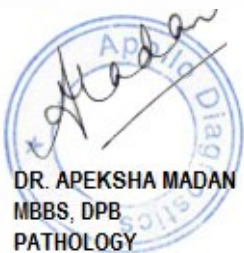
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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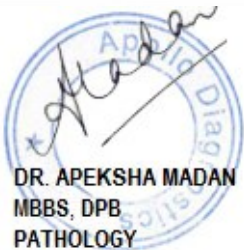
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | mg/dL | 70-140 | GOD - POD |

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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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 | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 103 | 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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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 152 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 192 | mg/dL | <150 | |
| HDL CHOLESTEROL | 23 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 129 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 90.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 6.61 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.56 | | <0.11 | Calculated |

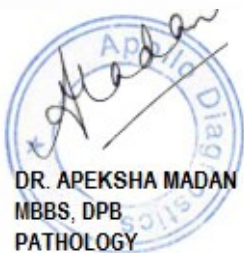
Comment:

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 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 – 0.20 | >0.21 | |

Note:

- 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



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DEPARTMENT OF BIOCHEMISTRY

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

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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.60 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 34 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 89.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.30 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.89 | | 0.9-2.0 | Calculated |

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'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.



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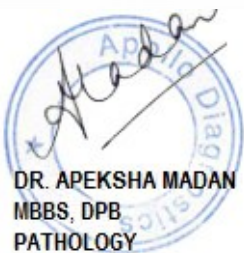
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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.68 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 16.50 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 7.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.90 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.90 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.80 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.1 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 102 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.30 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.89 | | 0.9-2.0 | Calculated |




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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|---------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 31.00 | 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 |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.89 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 5.32 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 3.110 | 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 |

- 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.
- 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.
- 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.
- 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 |



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No: SPL24053143

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

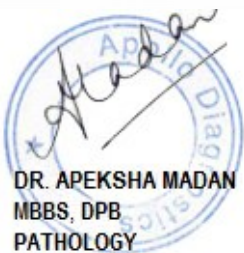
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 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 |
| 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 | 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 ***

Page 14 of 14



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2313697

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

Dear MRITUNJAY GAUTTAM,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-03-23** at **08:15-08:30**.

| | |
|----------------|---|
| Payment Mode | |
| Corporate Name | ARCOFEMI HEALTHCARE LIMITED |
| Agreement Name | [ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT] |
| Package Name | [ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324] |

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Issue Date: 22/09/2017



भारत सरकार

Government of India

मृत्युंजय गौतम

Mritunjay Gauttam

जन्म तिथि / DOB: 08/07/1987

पुरुष / MALE

99339 5941 5881

मेरा आधार, मेरी पहचान



9933 5941 5881



OUT-PATIENT RECORD

Date : 23/3/24
MRNO : 062170
Name : MR Mrityunjay Chaudhary
Age/Gender : 36m / male
Mobile No :
Passport No :
Aadhar number :

| | | | |
|------------------|-----------------|---------------|----------------------|
| Pulse : 76/min | B.P. : 110/70 | Resp : 26/min | Temp : (N) |
| Weight : 72.7 kg | Height : 163 cm | BMI : 27.4 | Waist Circum : 92 cm |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

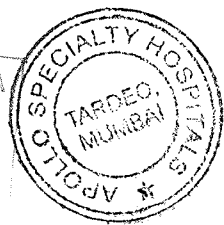
- Married / Diet - Vegetarian.
- Bowel Habits - (N).
- Urination - (N).
- No k/c/o - DM / HTN / Thyroid dysfunction.
- No H/O - BA / TB / IHD.
- No any surgical History.
- No any allergy till date.
- Sleep - (N).

TG 192 UA 7.90

1) Avoid oil/ghee / High Protein diet
2) morning walk 45 minutes daily
3) Repeat Lipid / UA after 2 months

Physically fit.

Dr. (M.D.) SHRI R. P. VAJA
M.D. (MUM)
Physician & Cardiologist
Follow up date: 5/5/24



Doctor 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
Ph No: 040 - 4904 7777 | www.apollohl.com



TOUCHING LIVES



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Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 03:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

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


Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 14


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079325



Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

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DEPARTMENT OF HAEMATOLOGY

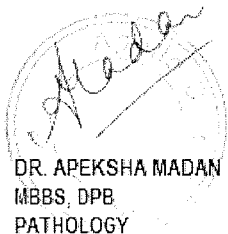
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.9 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 48.30 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.75 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 101.7 | fL | 83-101 | Calculated |
| MCH | 33.6 | pg | 27-32 | Calculated |
| MCHC | 33 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.5 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,080 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYtic COUNT (DLC) | | | | |
| NEUTROPHILS | 63 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 27 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 04 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 06 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 3200.4 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1371.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 203.2 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 304.8 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.33 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 249000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 05 | mm at the end of 1 hour | 0-15 | Modified Westergren |

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079325



TOURNALES
Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

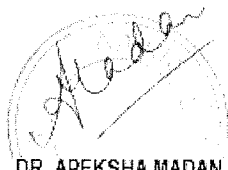
Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 3 of 14


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240079325



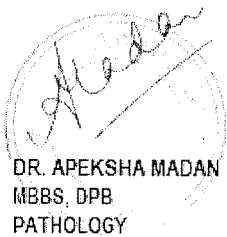
Patient Name : Mr.MRITUNJAY GAUTAM
 Age/Gender : 36 Y 8 M 15 D/M
 UHID/MR No : STAR.0000062170
 Visit ID : STAROPV68483
 Ref Doctor : Dr.SELF
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 Received : 23/Mar/2024 12:05PM
 Reported : 23/Mar/2024 03:14PM
 Status : Final Report
 Sponsor Name : ARCOFEMI 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 |
|---|----------|------|-----------------|--|
| BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA | | | | |
| BLOOD GROUP TYPE | B | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:BED240079325

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 12:51PM
Reported : 23/Mar/2024 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 | 100 | mg/dL | 70-100 | GOD - POD |


Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:PLF02131327

Patient Name : Mr.MRITUNJAY GAUTAM
 Age/Gender : 36 Y 8 M 15 D/M
 UHID/MR No : STAR.0000062170
 Visit ID : STAROPV68483
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 06:20PM
 Received : 23/Mar/2024 06:38PM
 Reported : 23/Mar/2024 07:44PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

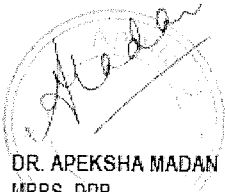
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 125 | 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.

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLP1436811

Patient Name : Mr.MRITUNJAY GAUTAM
 Age/Gender : 36 Y 8 M 15 D/M
 UHID/MR No : STAR.0000062170
 Visit ID : STAROPV68483
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
 Received : 23/Mar/2024 03:52PM
 Reported : 23/Mar/2024 04:28PM
 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 |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 103 | 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)



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



SIN No:EDT240036309

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
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Reported : 23/Mar/2024 03:18PM
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 |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 152 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 192 | mg/dL | <150 | |
| HDL CHOLESTEROL | 23 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 129 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 90.6 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 6.61 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.56 | | <0.11 | 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 |
| ATHEROGENIC INDEX(AIP) | <0.11 | 0.12 - 0.20 | >0.21 | |

Note:

- 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




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04672429

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
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DEPARTMENT OF BIOCHEMISTRY

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

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.

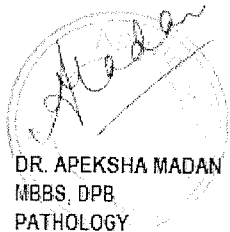
5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04672429



Patient Name : Mr.MRITUNJAY GAUTAM
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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 |
|--|-------------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.60 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.50 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 34 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 26.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 89.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.30 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.89 | | 0.9-2.0 | Calculated |

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.

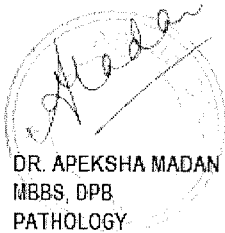
2. Cholestatic Pattern:

- 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.

Page 10 of 14




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04672429

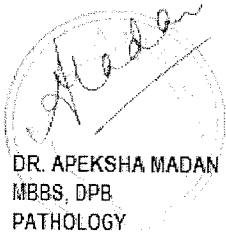
TOUCHING LIVES
Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 12:46PM
Reported : 23/Mar/2024 03:18PM
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 |
|---|--------------|--------|-----------------|-------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.68 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 16.50 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 7.7 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 7.90 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.90 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.80 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 143 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.1 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 102 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 8.10 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.30 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.80 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.89 | | 0.9-2.0 | Calculated |

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04672429

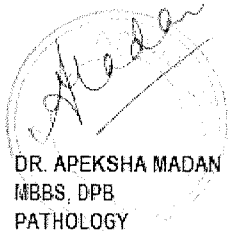
Patient Name : Mr.MRITUNJAY GAUTAM
 Age/Gender : 36 Y 8 M 15 D/M
 UHID/MR No : STAR.0000062170
 Visit ID : STAROPV68483
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
 Received : 23/Mar/2024 12:46PM
 Reported : 23/Mar/2024 03:18PM
 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 |
|---|--------|------|-----------------|---------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i> | 31.00 | U/L | 16-73 | Glycylglycine Kinetic method |

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04672429

| | | | |
|-----------------|-----------------------|--------------|-------------------------------|
| Patient Name | : Mr.MRITUNJAY GAUTAM | Collected | : 23/Mar/2024 09:08AM |
| Age/Gender | : 36 Y 8 M 15 D/M | Received | : 23/Mar/2024 10:37AM |
| UHID/MR No | : STAR.0000062170 | Reported | : 23/Mar/2024 03:15PM |
| Visit ID | : STAROPV68483 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 9687673613 | | |

DEPARTMENT OF IMMUNOLOGY

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

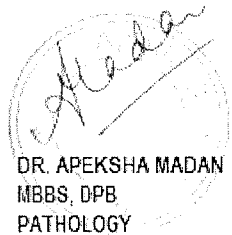
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.89 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 5.32 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 3.110 | 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 |

- 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.
- 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.
- 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.
- 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 |

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24053143

Patient Name : Mr.MRITUNJAY GAUTAM
Age/Gender : 36 Y 8 M 15 D/M
UHID/MR No : STAR.0000062170
Visit ID : STAROPV68483
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9687673613

Collected : 23/Mar/2024 09:08AM
Received : 23/Mar/2024 03:30PM
Reported : 23/Mar/2024 05:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

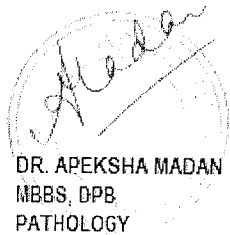
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Visual |
| pH | 6.5 | | 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 |
| 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 | 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 ***

Page 14 of 14



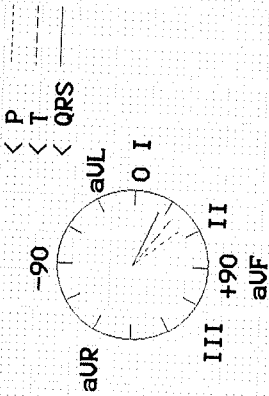
DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2313697



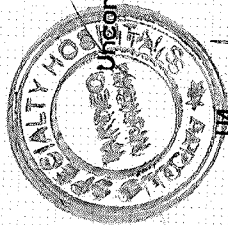
Measurement Results:

QRS : 84 ms
 QT/QTcB : 358 / 405 ms
 PR : 122 ms
 P : 86 ms
 RR/PP : 786 / 775 ms
 P/QRS/T : 51/ 24/ 38 degrees



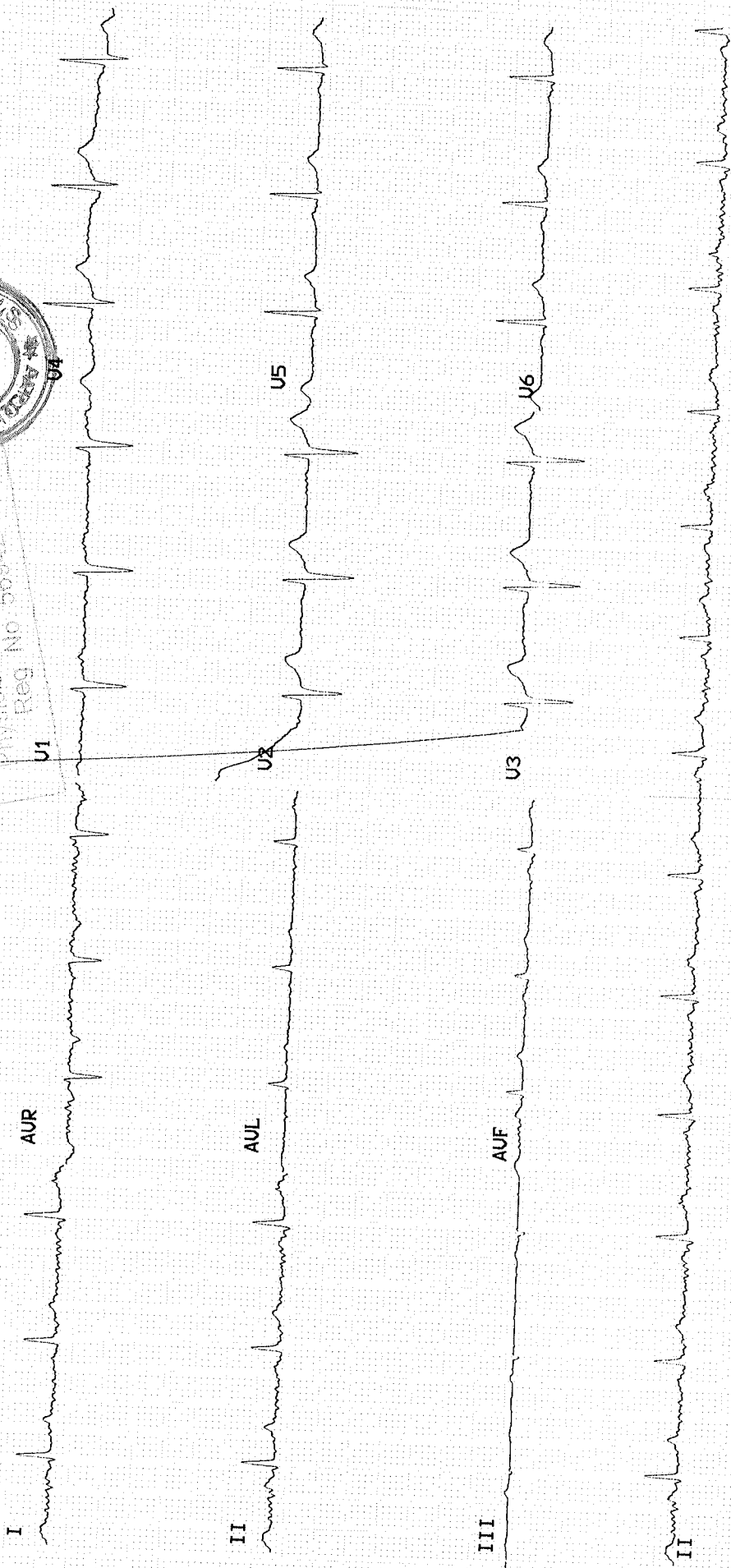
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

Within Normal limits



Dr. (Mrs.) CHHAYAP VALIA
 M.D. (MUM)
 Physician & Cardiologist
 Reg. No. 56942

Unconfirmed report.



Patient Name : Mr. Mritunjay Gautam Age : 36 Y M
UHID : STAR.0000062170 OP Visit No : STAROPV68483
Reported on : 25-03-2024 10:40 Printed on : 25-03-2024 10:40
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:25-03-2024 10:40

---End of the Report---


Dr. VINOD SHETTY
Radiology

Patient Name : MR.MRITUNJAY GAUTAM
Ref. By : HEALTH CHECK UP

Date : 23-03-2024
Age : 36 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 10.6 x 4.9 cms and the **LEFT KIDNEY** measures 10.5 x 4.6 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

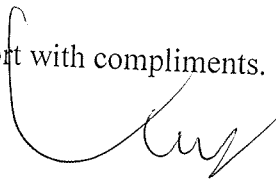
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.3 x 2.7 x 2.4 cms and weighs 11.7 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.

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

Name : Mr. Mritunjay Gautam
Age : 36 Year(s)

Date : 23/03/2024
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

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

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Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr. Mritunjay Gautam
Age : 36 Year(s)

Date : 23/03/2024
Sex : Male
Visit Type : OPD

Dimension:

| | |
|----------|--------------|
| EF Slope | 80mm/sec |
| EPSS | 04mm |
| LA | 30mm |
| AO | 28mm |
| LVID (d) | 45mm |
| LVID(s) | 28mm |
| IVS (d) | 11mm |
| LVPW (d) | 11mm |
| LVEF | 60% (visual) |


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

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Ph No: 040 - 4904 7777 | www.apollohl.com

23/3/24

8/B Dr. Mitul C. Bhatt (ENT)

Mr. Mritunjay G.

Pt. for ENT check up.

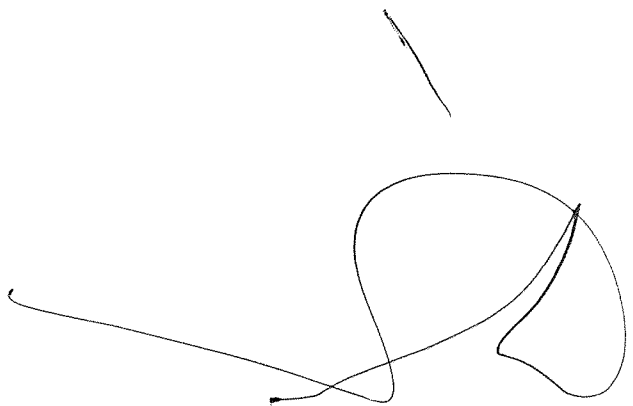
Ear → B/L TM intact
wax +

R + r
+ r

Nose →
Throat →

WNL.

W →



EYE REPORT

Name: *Mritunjay Gantam*

Date: *23/3/24*

Age / Sex: *36/M.*

Ref No.:

Complaint: *Uses glasses only for PC work.*

Aut Seg: WNC

Examination

*Vn 6/9
(u.A)*

*- 0.4:1 -
FF +*

Spectacle Rx

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

Remarks:

Medications:

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
| | | |
| | | |
| | | |

Follow up:

Consultant:

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

Dr. Nusrat J. Bakhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2012/10/2914
Mob:- 8850 1858 73

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 s`oups, 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. |

InBody

mf mritunjay kumar
ID 062170

Age 36

Height 163cm

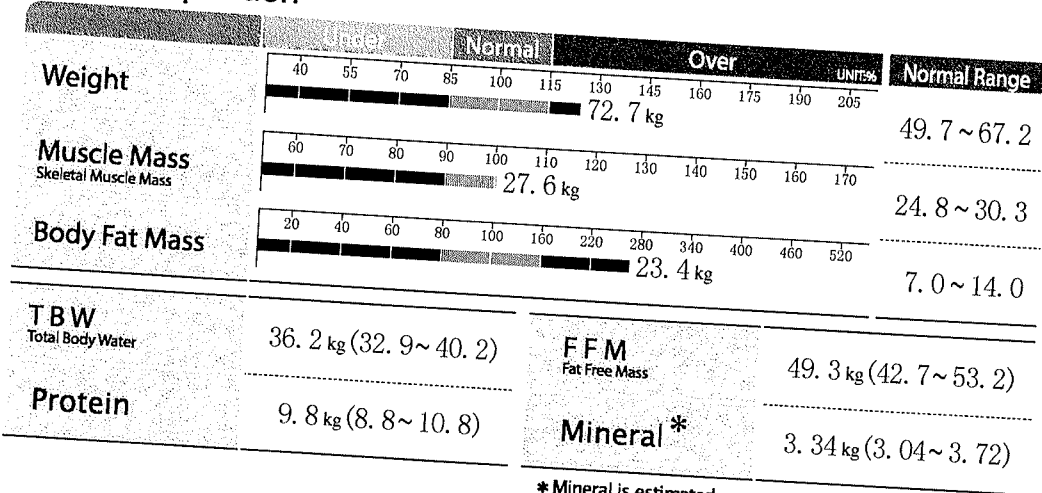
Date 23. 3. 2024

APOLLO SPECTRA HOSPITAL

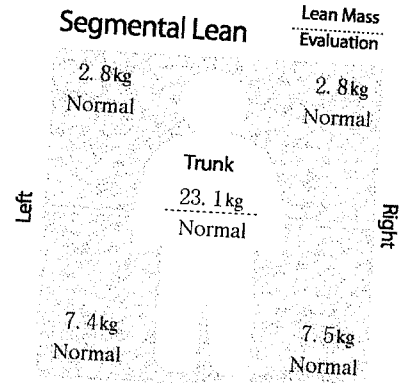
Gender Male

Time 11:03:02

Body Composition



* Mineral is estimated.



Obesity Diagnosis

| Parameter | Value | Normal Range |
|---|-------|--------------|
| BMI Body Mass Index (kg/m ²) | 27.4 | 18.5 ~ 25.0 |
| PBF Percent Body Fat (%) | 32.2 | 10.0 ~ 20.0 |
| WHR Waist-Hip Ratio | 0.94 | 0.80 ~ 0.90 |
| BMR Basal Metabolic Rate (kcal) | 1435 | 1571 ~ 1838 |

Nutritional Evaluation

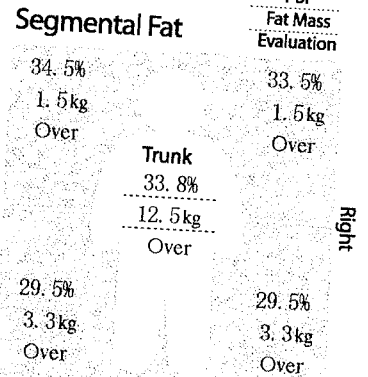
| | | | |
|---------|--|------------------------------------|---|
| Protein | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient | |
| Mineral | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Deficient | |
| Fat | <input type="checkbox"/> Normal | 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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 0.4 kg Fat Control - 14.6 kg Fitness Score 65

Impedance

| Z | RA | LA | TR | RL | LL |
|--------|-------|-------|------|-------|-------|
| 20kHz | 318.0 | 326.3 | 25.2 | 264.4 | 266.2 |
| 100kHz | 281.1 | 290.1 | 21.3 | 232.6 | 234.2 |

* 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: 72.7 kg / Duration: 30min. / unit: kcal)

| | | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|------------------------------|---|
| Walking: 145 | Jogging: 254 | Bicycle: 218 | Swim: 254 | Mountain Climbing: 237 | Aerobic: 254 |
| Table tennis: 164 | Tennis: 218 | Football: 254 | Oriental Fencing: 364 | Gate ball: 138 | Badminton: 164 |
| Racket ball: 364 | Tae-kwon-do: 364 | Squash: 364 | Basketball: 218 | Rope jumping: 254 | Golf: 128 |
| 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

1500 kcal

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

Patient Name : Mr. Mritunjay Gautam

Age/Gender : 36 Y/M

UHID/MR No. : STAR.0000062170

OP Visit No : STAROPV68483

Sample Collected on :

Reported on : 25-03-2024 10:40

LRN# : RAD2278114

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9687673613

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



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Radiology

| | | | |
|----------------------------|------------------------|--------------------|--------------------|
| Patient Name | : Mr. Mritunjay Gautam | Age/Gender | : 36 Y/M |
| UHID/MR No. | : STAR.0000062170 | OP Visit No | : STAROPV68483 |
| Sample Collected on | : | Reported on | : 23-03-2024 12:13 |
| LRN# | : RAD2278114 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 9687673613 | | |

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 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 10.6 x 4.9 cms and the **LEFT KIDNEY** measures 10.5 x 4.6 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 3.3 x 2.7 x 2.4 cms and weighs 11.7 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.

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.



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