



नाम
Name **Vanga Santhosh**

E.C. No. **122099**



[Handwritten signature]
जारीकर्ता प्राधिकारी
Issuing Authority

[Handwritten signature]
धारक के हस्ताक्षर
Signature of Holder

OUT- PATIENT RECORD

Date : 24/2/24
MRNO : 061609
Name : Mr Vanya Santosh
Age/Gender : 28m/male
Mobile No :
Passport No :
Aadhar number :

Pulse : 56/min	B.P : 120/80	Resp : 24/min	Temp : (M)
Weight : 56.1	Height : 168 cm	BMI : 19.9	Waist Circum : 30"

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Unmarried Nonvegetarian
Sleep/B/B (M) No Allergy.
No addiction
AH : Nil.
Normal Reports
Physically fit.

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



Follow up date

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

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 DM
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:07PM
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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DR. APEKSHA MADAN
MBBS, DPE
PATHOLOGY

SIN No:BED240048068

Patient Name : Mr.VANGA.SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 DM	Received : 24/Feb/2024 11:03AM
UHID/MR No : STAR.0000061809	Reported : 24/Feb/2024 01:07PM
Visit ID : STAROPV67654	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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	15.5	g/dL	13-17	CYANIDE FREE COLOURMETER
PCV	47.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1950	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1500	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	75	Cells/cu.mm	20-500	Calculated
MONOCYTES	225	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour.	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No.BED240048068

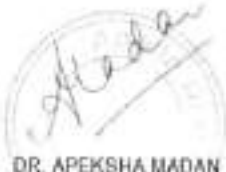
YOU LIGHTING LIVES

Patient Name	: Mr.VANGA SANTHOSH	Collected	: 24/Feb/2024 09:13AM
Age/Gender	: 28 Y 4 M 14 DM	Received	: 24/Feb/2024 11:03AM
UHID/MR No	: STAR.0000081009	Reported	: 24/Feb/2024 01:54PM
Visit ID	: STAROPV67664	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122099		

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

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:BED240048068

Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 DM	Received : 24/Feb/2024 12:14PM
UHID/MR No : STAR.0000081609	Reported : 24/Feb/2024 12:18PM
Visit ID : STAROPV67664	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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	88	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 ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 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.

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:PLP02112007

T.D. Patient Details Patient Name : Mr.VANGA SANTHOSH Age/Gender : 28 Y 4 M 14 DM UHID/MR No : STAR.0000061609 Visit ID : STAROPV67664 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 122099	Collected : 24/Feb/2024 02:13PM Received : 24/Feb/2024 04:36PM Reported : 24/Feb/2024 05:34PM Status : Final Report 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)	73	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, DPE
 PATHOLOGY

SIN No: PLP1423743



Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM	<i>Expertise. Empowering you.</i>
Age/Gender : 28 Y 4 M 14 DM	Received : 24/Feb/2024 03:59PM	
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 06:01PM	
Visit ID : STAROPV67664	Status : Final Report	
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID : 122099		

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	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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.

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: Heterozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

SIN No: EDT240021530



Patient Name	: Mr.VANGA SANTHOSH	Collected	: 24/Feb/2024 09:13AM
Age/Gender	: 28 Y 4 M 14 DM	Received	: 24/Feb/2024 03:59PM
UHID/MR No	: STAR.0000061609	Reported	: 24/Feb/2024 04:35PM
Visit ID	: STAROPV67664	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 122099		

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	128	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	68	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.28		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 algorithms 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 400 mg/dL. When Triglycerides are more than 400 mg/dL, LDL cholesterol is a direct measurement.

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

SIN No:BI18461988

TOUCHING LIVES

Patient Name : Mr.VANGA SANTHOSH
 Age/Gender : 28 Y 4 M 14 DM
 UH#DiMR No : STAR.0000061609
 Visit ID : STAROPV67664
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
 Received : 24/Feb/2024 11:58AM
 Reported : 24/Feb/2024 02:47PM
 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
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)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	67.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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.

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DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

SIN No:SE04639938

TO: Mr. VANGA SANTHOSH Patient Name : Mr.VANGA SANTHOSH Age/Gender : 28 Y 4 M 14 D/M UHID/MR No : STAR.0000061609 Visit ID : STAROPV67664 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 122099	Collected : 24/Feb/2024 09:13AM Received : 24/Feb/2024 11:58AM Reported : 24/Feb/2024 02:47PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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Expertise. Empowering you.

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	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	17.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SDN No: SE04639938

TO Patient Name : Mr.VANGA SANTHOSH Age/Gender : 28 Y 4 M 14 DM UHIDMR No : STAR.0000061609 Visit ID : STAROPV67664 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 122099	Collected : 24/Feb/2024 09:13AM Received : 24/Feb/2024 11:58AM Reported : 24/Feb/2024 02:47PM Status : Final Report 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
GAMMA GLUTAMYL TRANSPeptIDASE (GGT), SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method




DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:SE04619938

Patient Name : Mr.VANGA SANTHOSH Age/Gender : 28 Y 4 M 14 D/M UHID/MR No : STAR.0000061609 Visit ID : STAROPV67664 Ref Doctor : Dr. SELF Emp/Auth/TPA ID : 122099	Collected : 24/Feb/2024 09:13AM Received : 24/Feb/2024 12:08PM Reported : 24/Feb/2024 02:46PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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)	1.09	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.76	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.080	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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, DPM
 PATHOLOGY

SIN No: SPL24031637

Patient Name ^{VEB} : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 DM	Received : 24/Feb/2024 01:34PM
UHID/MR No : STAR.0000081009	Reported : 24/Feb/2024 03:29PM
Visit ID : STAROPV67884	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	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 ***

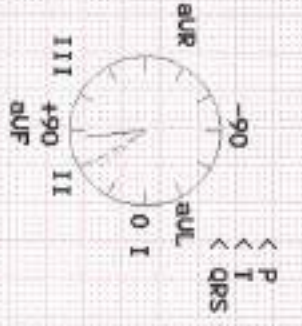
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 DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY
 SIN No:UR2290188

Measurement Results:

QRS	:	100 ms
QT/QTcB	:	414 / 399 ms
PR	:	140 ms
P	:	102 ms
RR/PP	:	1072 / 1070 ms
P/QRS/T	:	51 / 83 / 58 degrees



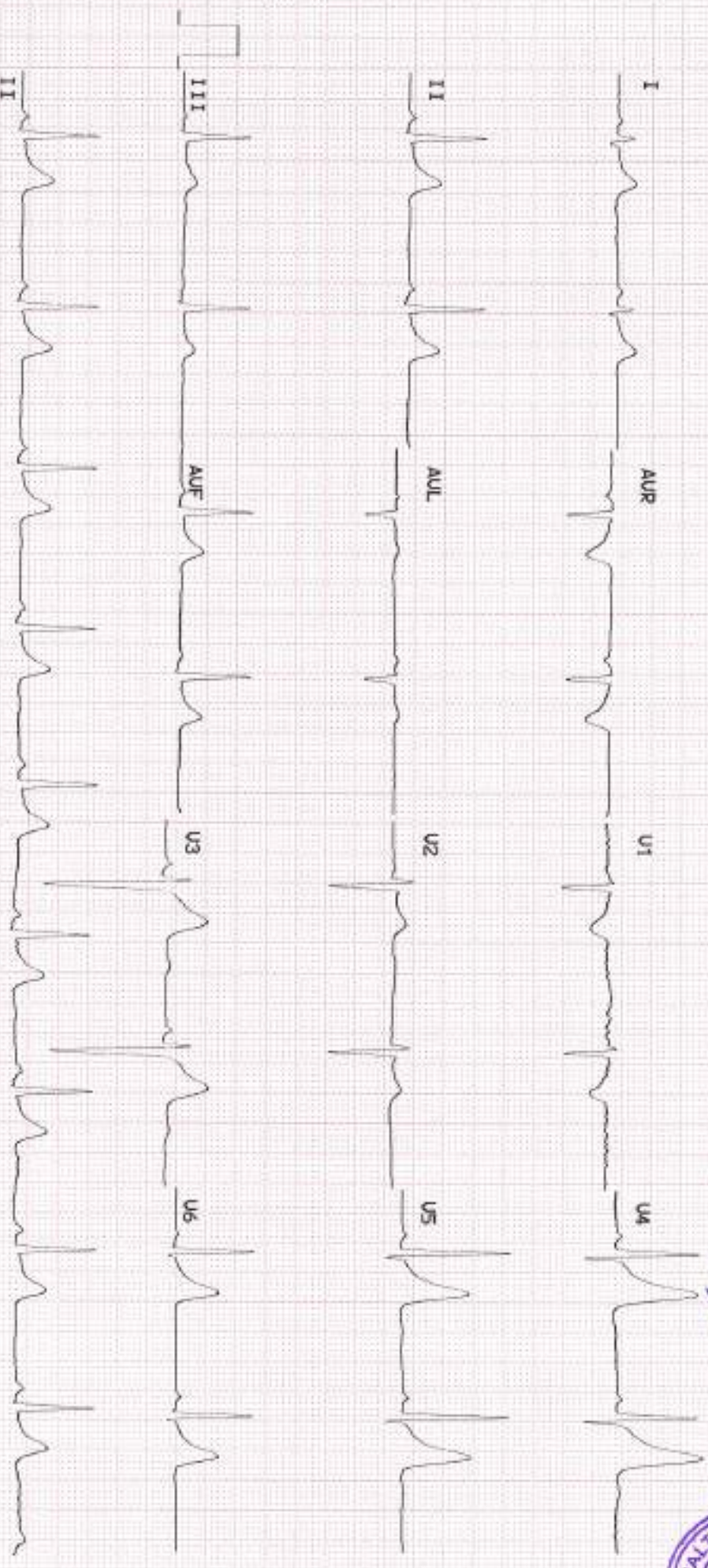
Interpretation:
 12SL - Interpretation:
 Sinus bradycardia
 Otherwise normal ECG

Sinus Bradycardia

Unconfirmed report.



Dr. (Mrs.) CHHAYA P. VAJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg No 58942



Patient Name	: Mr. Vanga Santhosh	Age	: 28 Y M
UHID	: STAR.0000061609	OP Visit No	: STAROPV67664
Reported on	: 24-02-2024 11:56	Printed on	: 24-02-2024 11:56
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:24-02-2024 11:56

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Vanga Santhosh
Age : 28 Year(s)

Date : 24/02/2024
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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2809PTC099414)
(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.apollohd.com

Name : Mr.Vanga Santhosh
Age : 28 Year(s)

Date : 24/02/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	160mm/sec
EPSS	04mm
LA	26mm
AO	29mm
LVID (d)	51mm
LVID(s)	23mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


DR.CHHAYA P.VAJA. M. D.(MUM)
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Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apolloh1.com

Patient name : MR. VANGA SANTHOSH
Ref. By : HEALTH CHECK UP

Date : 24-02-2024
Age : 28 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size, shape & echotexture. 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 4.4 cms and the **LEFT KIDNEY** measures 10.2 x 4.9 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 3.9 x 2.9 x 2.3 cms and weighs 13.9 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 : Normal Ultrasound examination of the Abdomen and Pelvis.

Report with compliments.


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

EYE REPORT

Name: Mr Vargha Jithesh

Date: 24/02/2024

Age / Sex: 28y / M

Ref No.:

Complaint: No ocular dis
No n/o SI

Examination

Spectacle Rx U_r C^{6/6} 6/6 Near U_r f_{nc}

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

Remarks: Asthen U_r & Defective

Medications: As f_{nc}

Trade Name	Frequency	Duration

Follow up: f_{nc}

As
Detailed contact U_r
exam


Consultant:

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.

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.trd@apollospectra.com
Cont.: 8452884100

mr Varga Sandor
ID 061809
Age 28

Height 168cm | Date 24.2.2024
Gender Male | Time 09:58:48

APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	Normal Range
Weight	40 50 60 70 80 90 100 110 120 130 140 150 160 170 180 190 200	56.1 kg		52.8 ~ 71.4
Muscle Mass <small>Skeletal Muscle Mass</small>	60 70 80 90 100 110 120 130 140 150 160 170	24.5 kg		26.4 ~ 32.3
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	11.7 kg		7.5 ~ 14.9
TBW <small>Total Body Water</small>	32.6 kg (34.9 ~ 42.7)		FFM <small>Fat Free Mass</small>	44.4 kg (45.3 ~ 56.5)
Protein	8.8 kg (9.4 ~ 11.4)		Mineral*	2.98 kg (3.23 ~ 3.95)

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	19.9	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	20.9	10.0 ~ 20.0
WHR <small>Waist-Hip Ratio</small>	0.92	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1329	1297 ~ 1503

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

BMI	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input 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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	+ 8.4 kg	Fat Control	- 2.4 kg	Fitness Score	69
----------------	----------	-------------	----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	377.1	386.1	28.6	369.1	356.4
100kHz	335.6	344.8	24.8	319.7	319.2

* 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: 56.1 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
112	196	168	196	183	196	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
127	168	196	281	107	127	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
281	281	281	168	196	99	
Push-ups developed of upper body	Sit-ups additional muscle training	Weight training lower body position	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of base 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
1700 kcal

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

Patient Name	: Mr. Vanga Santhosh	Age/Gender	: 28 Y/M
UHID/MR No.	: STAR.0000061609	OP Visit No	: STAROPV67664
Sample Collected on	:	Reported on	: 24-02-2024 12:36
LRN#	: RAD2246819	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 122099		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. 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 4.4 cms and the **LEFT KIDNEY** measures 10.2 x 4.9 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 3.9 x 2.9 x 2.3 cms and weighs 13.9 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 : **Normal Ultrasound examination of the Abdomen and Pelvis.**



Dr. VINOD SHETTY
Radiology

Patient Name : Mr. Vanga Santhosh

Age/Gender : 28 Y/M

UHID/MR No. : STAR.0000061609

OP Visit No : STAROPV67664

Sample Collected on :

Reported on : 24-02-2024 11:56

LRN# : RAD2246819

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 122099

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



Dr. VINOD SHETTY
Radiology

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:07PM
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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240048068

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:

190, Parnax One Labs, Behind Everest Building,
Taruna (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:07PM
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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.5	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.90	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.47	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.6	fL	83-101	Calculated
MCH	28.4	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	12.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,750	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1950	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1500	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	75	Cells/cu.mm	20-500	Calculated
MONOCYTES	225	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.3		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 13

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240048068

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Address:

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, HMT Nagar, Marathahalli, Bangalore - 560075
Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:07PM
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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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Address:


190, Parnax One Labs, Behind Everest Building,
Tardeo (Kumbhari Central), Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 D/M	Received : 24/Feb/2024 11:03AM
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 01:54PM
Visit ID : STAROPV67664	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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Address:
190, Patanjali One Labs, Behind Everest Building,
Tandri Junction Central, Mumbai, Maharashtra
Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 12:14PM
Reported : 24/Feb/2024 12:18PM
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
GLUCOSE, FASTING , NAF PLASMA	88	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



Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 02:13PM
Age/Gender : 28 Y 4 M 14 D/M	Received : 24/Feb/2024 04:36PM
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 05:34PM
Visit ID : STAROPV67664	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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)	73	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:PLP1423743

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Begumpet, Hyderabad, Telangana - 500016

Address:

190, Patanjali Care Labs, Behind Everest Building,
Tandri Junction Central, Mumbai, Maharashtra
Ph: 022 4552 4500

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 03:59PM
Reported : 24/Feb/2024 06:01PM
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	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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

SIN No:EDT240021530



Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 D/M	Received : 24/Feb/2024 03:59PM
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 04:35PM
Visit ID : STAROPV67664	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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	128	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	68	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	89	mg/dL	<130	Calculated
LDL CHOLESTEROL	75.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.28		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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.



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



SIN No:BI18461988

Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:58AM
Reported : 24/Feb/2024 02:47PM
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
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)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	67.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	5.20	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	2		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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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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:

190, Patanjali One Labs, Behind Everest Building, Tanaka Junction Central, Hitech, Manasastra
Ph: 022-4552 4500


Patient Name : Mr.VANGA SANTHOSH
Age/Gender : 28 Y 4 M 14 D/M
UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 11:58AM
Reported : 24/Feb/2024 02:47PM
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	0.85	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	17.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	10.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98-107	Direct ISE

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Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 D/M	Received : 24/Feb/2024 11:58AM
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 02:47PM
Visit ID : STAROPV67664	Status : Final Report
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Emp/Auth/TPA ID : 122099	

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) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method

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Ph: 022-4552 4500

Patient Name : Mr.VANGA SANTHOSH	Collected : 24/Feb/2024 09:13AM
Age/Gender : 28 Y 4 M 14 DM	Received : 24/Feb/2024 12:08PM
UHID/MR No : STAR.0000061609	Reported : 24/Feb/2024 02:45PM
Visit ID : STAROPV67664	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 122099	

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)	1.09	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.76	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.080	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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SIN No:SPL24031637

Patient Name : Mr.VANGA SANTHOSH
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UHID/MR No : STAR.0000061609
Visit ID : STAROPV67664
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 122099

Collected : 24/Feb/2024 09:13AM
Received : 24/Feb/2024 01:34PM
Reported : 24/Feb/2024 03:29PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

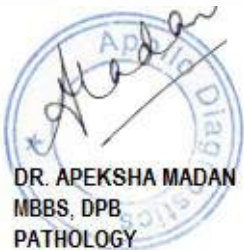
DEPARTMENT OF CLINICAL PATHOLOGY

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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		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	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 13 of 13



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