Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 11:32AM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 01:22PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, WBC : Low in number, morphology and distribution. No abnormal cells seen

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240063002

Apollo Speciality Hospitals Private Limited
(Formely known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
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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	14.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.6	fL	83-101	Calculated
MCH	**26.4**	pg	27-32	Calculated
MCHC	**31.2**	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**3,970**	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	**43**	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**1905.6**	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1707.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	79.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	277.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.12		0.78- 3.53	Calculated
PLATELET COUNT	341000	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

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DEPARTMENT OF HAEMATOLOGY

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

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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
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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Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 03:28PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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*	98	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	135	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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UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 06:45PM
Visit ID	: STAROPV68122	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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

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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
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	160	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	55	mg/dL	<150	
HDL CHOLESTEROL	**37**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	**112**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.32		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	78.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	**5.20**	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.36**		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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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	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	**5.20**	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.36**		0.9-2.0	Calculated

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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*	22.00	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)	1.04	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.900	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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Apollo Spectra HOSPITALS
TOUCHING LIVES

Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 01:22PM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 03:32PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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	1.015		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2301236

Apollo Speciality Hospitals Private Limited
(Formely 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

Apollo Spectra® HOSPITALS
Specialists in Surgery

OUT- PATIENT RECORD

Date : 9/3/2024
MRNO : 55575
Name : MR. Viraj Nandgaonkar
Age/Gender : 35Y / Male
Mobile No :
Passport No :
Aadhar number :

Pulse : 62/min	B.P : 120/70	Resp : 22/min	Temp : (N)
Weight : 78.5	Height : 172	BMI : 26.5	Waist Circum : 88 CM

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Nonvegtarian
Sleep/B/B (N) No Allergy.
No addiction
FH: Father: Hypothyroid.
Mother: DM.
Normal Report
Physically fit.

APOLLO SPECTRA HOSPITALS MUMBAI SPECIALTY TARDEO

Dr. (Mrs.) CHHAYA P. VAJA
M.D. (MUM)
Physician & Cardiologist
Reg. No. 2

Follow up date:

Doctor Signature

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Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
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Emp/Auth/TPA ID	: 199557		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture, WBC : Low in number, morphology and distribution. No abnormal cells seen

Note/Comment : Please Correlate clinically

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240063002

Apollo Health and Lifestyle Limited
(CIN - U85110TG2000PLC115819)
Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana
Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com
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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	14.2	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	84.6	fL	83-101	Calculated
MCH	**26.4**	pg	27-32	Calculated
MCHC	**31.2**	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	**3,970**	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	48	%	40-80	Electrical Impedance
LYMPHOCYTES	**43**	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**1905.6**	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1707.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	79.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	277.9	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.12		0.78- 3.53	Calculated
PLATELET COUNT	341000	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:BED240063002

Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
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DEPARTMENT OF HAEMATOLOGY

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

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

Platelets : Adequate in Number

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IMPRESSION : Normocytic normochromic blood picture, WBC : Low in number, morphology and distribution. No abnormal cells seen

Note/Comment : Please Correlate clinically

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 01:10PM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 01:25PM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 03:28PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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*	98	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	135	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:PLP1429353

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Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 05:28PM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 06:45PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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: 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:EDT240028660

Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 11:00AM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 02:08PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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	160	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	55	mg/dL	<150	
HDL CHOLESTEROL	**37**	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	**112**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.32		0-4.97	Calculated

Comment:

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

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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04655578

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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	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	44	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	78.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	**5.20**	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.36**		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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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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	1.02	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.00	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.40	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.40	g/dL	6.7-8.3	BIURET
ALBUMIN	**5.20**	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.36**		0.9-2.0	Calculated

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04655578

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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*	22.00	U/L	16-73	Glycylglycine Kinetic method

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04655578

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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)	1.04	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.9	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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24041833

Patient Name	: Mr.VIRAJ P NANDGAONKAR	Collected	: 09/Mar/2024 09:35AM
Age/Gender	: 35 Y 5 M 8 D/M	Received	: 09/Mar/2024 01:22PM
UHID/MR No	: STAR.0000055575	Reported	: 09/Mar/2024 03:32PM
Visit ID	: STAROPV68122	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 199557		

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	1.015		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

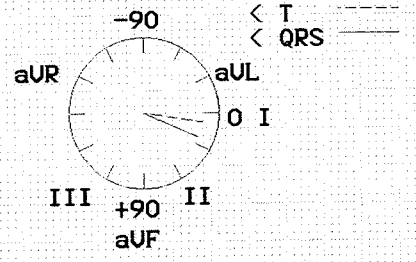
SIN No:UR2301236

GE MAC1200 ST VIRAJ,

HR 62bpm

Measurement Results:

QRS	:	94	ms
QT/QTcB	:	384 / 389	ms
PR	:		ms
P	:		ms
RR/PP	:	962 / 390	ms
P/QRS/T	:	/ 24/ 9	degrees



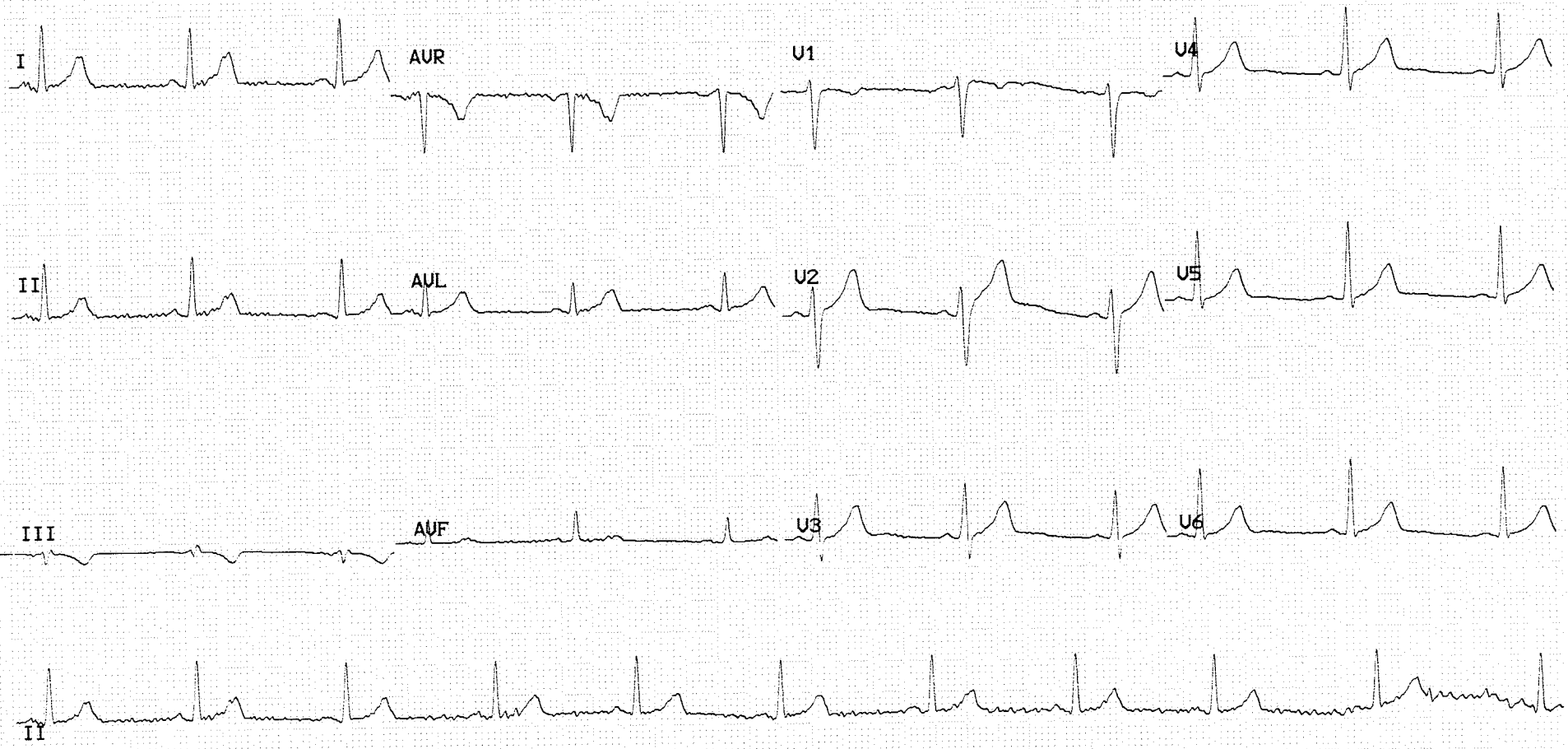
Interpretation:
12SL - Interpretation:
Undetermined rhythm
Otherwise normal ECG

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

Within Normal limits

APOLLO SPECIALTY HOSPITALS TARDEO, MUMBAI

Unconfirmed report.



[redacted] 09.Mar.2024 01:40:52 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic V6.2 12i (1) 12SL@v231

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Viraj P Nandgaonkar	Age	: 35 Y M
UHID	: STAR.0000055575	OP Visit No	: STAROPV68122
Reported on	: 09-03-2024 14:12	Printed on	: 09-03-2024 14:12
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:09-03-2024 14:12 ---End of the Report---

Dr. VINOD SHETTY
Radiology

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Name : Mr.Viraj Nandgaonkar
Age : 35 Year(s)

Date : 09/03/2024
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
Specialists in Surgery

Patient Name : MR. VIRAJ NANDGAONKAR
Ref. By : HEALTH CHECK UP

Date : 09-03-2024
Age : 35 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.8 x 5.3 cms and the **LEFT KIDNEY** measures 10.7 x 5.2 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydroneprosis or calculi seen on either side.

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

PROSTATE : The prostate measures 2.9 x 2.4 x 2.4 cms and weighs 8.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

9/3/24

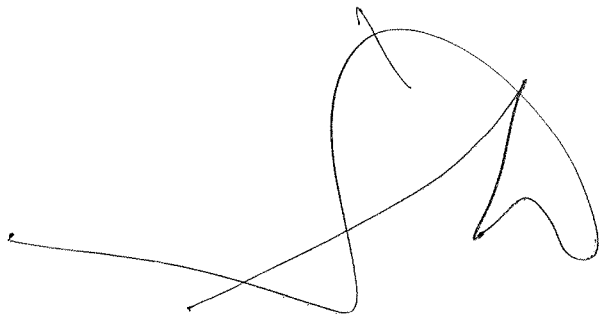
S/B Dr. Mitul C. Bhatt (ENT)

Mr. Vilas Nandgaonkar M/36 yrs.

P.t. for ENT Check up.

Ear → B/L Impacted Wax

Nose →
Throat → } WNL



EYE REPORT

Apollo Spectra® HOSPITALS
Specialists in Surgery

Name: Viraj. Nandgaonkar

Date: 9/3/24

Age /Sex: 35/M.

Ref No.:

Complaint: Burning sen^n by evenings > prolonged PC work

Examination

— Papillae, Severe cong —
K. clear B.D
RRO
Clear lens.

+1.25 X 125
AR < -0.25

Spectacle Rx

0.6:1

0.75:1
? IR-thi

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance Read	6/9	—	Plano	—	6/6	—	Plano	—

Remarks: Rev for glaucoma evaluation

Medications:

Trade Name	Frequency	Duration
Lotel Gel eye drops	i-i-i x 1week	
	i-i x 1week	
	i x 2weeks	

Softdrops Liquigel eye drops i-i-i-i x 1month

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. Bukhari (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

ID	0 Viraj Nandgaonkar	Height	172cm	Date	9. 3. 2024
Age	35	Gender	Male	Time	10:12:23

APOLLO SPECTRA HOSPITAL

Body Composition

	Under	Normal	Over	Normal Range
Weight		78. 5 kg		55. 3 ~ 74. 9
Muscle Mass (Skeletal Muscle Mass)		30. 6 kg		27. 8 ~ 34. 0
Body Fat Mass		24. 0 kg		7. 8 ~ 15. 6

TBW (Total Body Water)	40. 1 kg (36. 6 ~ 44. 7)	FFM (Fat Free Mass)	54. 5 kg (47. 5 ~ 59. 2)
Protein	10. 7 kg (9. 8 ~ 12. 0)	Mineral *	3. 66 kg (3. 39 ~ 4. 14)

* Mineral is estimated.

Segmental Lean

	Lean Mass	Evaluation
Left Arm	3. 3kg	Normal
Right Arm	3. 2kg	Normal
Trunk	26. 2kg	Normal
Left Leg	8. 1kg	Under
Right Leg	8. 2kg	Under

Segmental Fat

	PBF	Fat Mass	Evaluation
Left Arm	30. 4%	1. 5kg	Over
Right Arm	31. 4%	1. 6kg	Over
Trunk	32. 7%	13. 5kg	Over
Left Leg	26. 0%	3. 0kg	Over
Right Leg	26. 0%	3. 0kg	Over

* Segmantal Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI (Body Mass Index) (kg/m²)	26. 5	18. 5 ~ 25. 0
PBF (Percent Body Fat) (%)	30. 5	10. 0 ~ 20. 0
WHR (Waist-Hip Ratio)	1. 04	0. 80 ~ 0. 90
BMR (Basal Metabolic Rate) (kcal)	1548	1667 ~ 1955

Nutritional Evaluation

Protein	☑ Normal	☐ Deficient	
Mineral	☑ Normal	☐ Deficient	
Fat	☐ Normal	☐ Deficient	☑ Excessive

Weight Management

Weight	☐ Normal	☐ Under	☑ Over
SMM	☑ Normal	☐ Under	☐ Strong
Fat	☐ Normal	☐ Under	☑ Over

Obesity Diagnosis

BMI	☐ Normal	☐ Under	☑ Over ☐ Extremely Over
PBF	☐ Normal	☐ Under	☑ Over
WHR	☐ Normal	☐ Under	☑ Over

Impedance

Z	RA	LA	TR	RL	LL
20kHz	309. 6	302. 5	26. 5	290. 5	291. 3
100kHz	276. 0	269. 7	22. 1	260. 6	261. 5

Muscle-Fat Control

Muscle Control	+ 0. 8 kg	Fat Control	− 14. 2 kg	Fitness Score	65

* 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: 78. 5 kg / Duration: 30min. / unit: kcal)

Walking 157	Jogging 275	Bicycle 236	Swim 275	Mountain Climbing 256	Aerobic 275
Table tennis 177	Tennis 236	Football 275	Oriental Fencing 393	Gate ball 149	Badminton 177
Racket ball 393	Tae-kwon-do 393	Squash 393	Basketball 236	Rope jumping 275	Golf 138
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle

• How to do

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

• Recommended calorie intake per day

1600 *kcal*

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

बैंक ऑफ़ बड़ौदा
Bank of Baroda

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. NANDGAONKAR VIRAJ PANDURANG
EC NO.	199557
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	MUMBAI,WORLI
BIRTHDATE	01-10-1988
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M199557100096890E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **05-03-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))


बैंक ऑफ़ बड़ौदा
Bank of Baroda
नाम
Name : VIRAJ PANDURANG NANDGAONKAR
कर्मचारी कूट क्र.
E. C. No. : 199557
जारीकर्ता प्राधिकारी
Issuing Authority
धारक के हस्ताक्षर
Signature of Holder

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Viraj P Nandgaonkar	**Age/Gender**	: 35 Y/M
UHID/MR No.	: STAR.0000055575	**OP Visit No**	: STAROPV68122
Sample Collected on	:	**Reported on**	: 09-03-2024 14:12
LRN#	: RAD2261522	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 199557		

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

Apollo Spectra® HOSPITALS
Specialists in Surgery

Patient Name	: Mr. Viraj P Nandgaonkar	**Age/Gender**	: 35 Y/M
UHID/MR No.	: STAR.0000055575	**OP Visit No**	: STAROPV68122
Sample Collected on	:	**Reported on**	: 09-03-2024 11:57
LRN#	: RAD2261522	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 199557		

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.

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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.**

Dr. VINOD SHETTY
Radiology