

Patient Name : Mr.PRAWIN KUJUR  
Age/Gender : 50 Y 2 M 27 D/M  
UHID/MR No : STAR.0000062171  
Visit ID : STAROPV68484  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
Received : 23/Mar/2024 12:23PM  
Reported : 23/Mar/2024 02:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

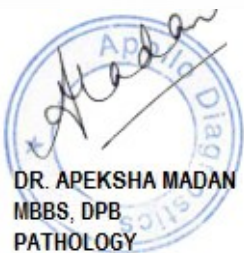
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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**DEPARTMENT OF HAEMATOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>5.89</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>79.5</b>	fL	83-101	Calculated
MCH	<b>22.8</b>	pg	27-32	Calculated
MCHC	<b>28.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,410	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	<b>07</b>	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3083.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1406.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	378.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	541	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.19		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	265000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 14

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MBBS, DPB  
PATHOLOGY

SIN No:BED240079432

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

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

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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

  
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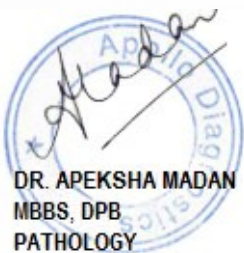


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Age/Gender : 50 Y 2 M 27 D/M	Received : 23/Mar/2024 12:23PM
UHID/MR No : STAR.0000062171	Reported : 23/Mar/2024 03:16PM
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name : Mr.PRAWIN KUJUR	Collected : 23/Mar/2024 06:11PM
Age/Gender : 50 Y 2 M 27 D/M	Received : 23/Mar/2024 06:38PM
UHID/MR No : STAR.0000062171	Reported : 23/Mar/2024 08:04PM
Visit ID : STAROPV68484	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	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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Age/Gender : 50 Y 2 M 27 D/M	Received : 23/Mar/2024 03:52PM
UHID/MR No : STAR.000062171	Reported : 23/Mar/2024 05:49PM
Visit ID : STAROPV68484	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



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Consultant Pathologist



SIN No:EDT240036384

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	
HDL CHOLESTEROL	<b>39</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated


**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

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



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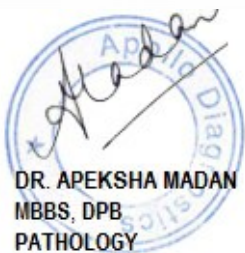
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).





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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>53</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>44.0</b>	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	99.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

Kindly correlate clinically.

**Comment:**

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

Common patterns seen:

**1. Hepatocellular Injury:**

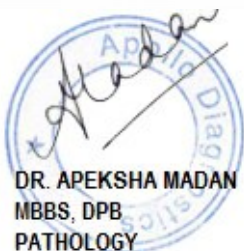
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, 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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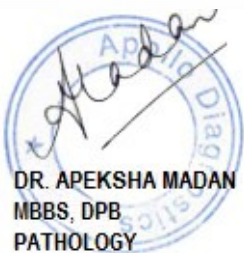
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.96	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



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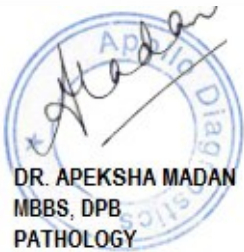
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	32.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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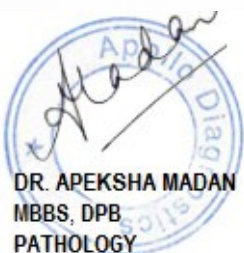
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.38	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<b>5.270</b>	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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



SIN No: SPL24053229

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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

**Address:**

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


Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
 Received : 23/Mar/2024 11:44AM  
 Reported : 23/Mar/2024 04:25PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.610	ng/mL	0-4	ELFA



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



Patient Name : Mr.PRAWIN KUJUR	Collected : 23/Mar/2024 09:19AM
Age/Gender : 50 Y 2 M 27 D/M	Received : 23/Mar/2024 03:30PM
UHID/MR No : STAR.0000062171	Reported : 23/Mar/2024 05:54PM
Visit ID : STAROPV68484	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8469712722	

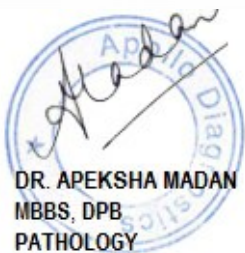
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/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, DPB  
PATHOLOGY



SIN No:UR2313801

**Apollo Speciality Hospitals Private Limited**

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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

**OUT- PATIENT RECORD**

Date : 23/3/24  
MRNO :  
Name : 062171  
Age/Gender : MR. pravin kujar  
Mobile No :  
Passport No : som male  
Aadhar number :

Pulse : 60/min	B.P : 150/100	Resp : 26/min	Temp : 37
Weight : 94.9	Height : 178cm	BMI : 30.6	Waist Circum : 100cm.

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Married, Non-vegetarian  
sleep/BFB (w) No Allergy  
Occasionally, Alcohol/Smoking  
No tobacco  
FH : Father: Neck Cancer exposed  
Mother: Natural death.  
Normal Reports  
Physically Fit.



Dr. (Mrs.) CHHAYA R. 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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | www.apollohl.com

TOUCHING LIVES

Patient Name : Mr.PRAWIN KUJUR  
Age/Gender : 50 Y 2 M 27 D/M  
UHID/MR No : STAR.0000062171  
Visit ID : STAROPV68484  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
Received : 23/Mar/2024 12:23PM  
Reported : 23/Mar/2024 02:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

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

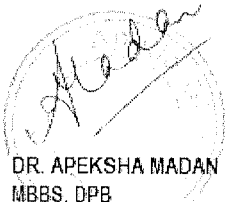
Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 1 of 14



DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



SIN No:BED240079432



TOURNA MENT LIVES

Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
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 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	13.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.89	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	79.5	fL	83-101	Calculated
MCH	22.8	pg	27-32	Calculated
MCHC	28.7	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,410	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	57	%	40-80	Electrical Impedence
LYMPHOCYTES	26	%	20-40	Electrical Impedence
EOSINOPHILS	07	%	1-6	Electrical Impedence
MONOCYTES	10	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3083.7	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1406.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	378.7	Cells/cu.mm	20-500	Calculated
MONOCYTES	541	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.19		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	265000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	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:BED240079432



TO Patient Name : Mr.PRAWIN KUJUR  
Age/Gender : 50 Y 2 M 27 D/M  
UHID/MR No : STAR.0000062171  
Visit ID : STAROPV68484  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
Received : 23/Mar/2024 12:23PM  
Reported : 23/Mar/2024 02:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

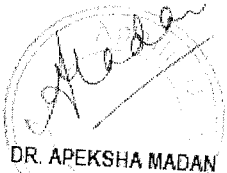
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:BED240079432

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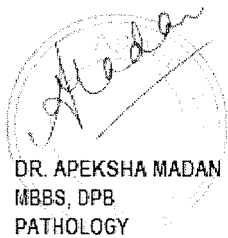
Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
 Received : 23/Mar/2024 12:23PM  
 Reported : 23/Mar/2024 03:16PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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

SIN No:BED240079432

TOUCHING LIVES  
 Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 06:11PM  
 Received : 23/Mar/2024 06:38PM  
 Reported : 23/Mar/2024 08:04PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	95	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL

70-100 mg/dL

100-125 mg/dL

≥126 mg/dL

<70 mg/dL

Interpretation

Normal

Prediabetes

Diabetes

Hypoglycemia

**Note:**

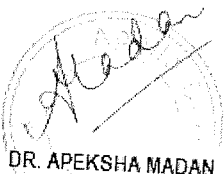
1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
2. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	118	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:PLP1436805

**TO Patient Name** : Mr.PRAWIN KUJUR  
**Age/Gender** : 50 Y 2 M 27 D/M  
**UHID/MR No** : STAR.0000062171  
**Visit ID** : STAROPV68484  
**Ref Doctor** : Dr.SELF  
**Emp/Auth/TPA ID** : 8469712722

**Collected** : 23/Mar/2024 09:19AM  
**Received** : 23/Mar/2024 03:52PM  
**Reported** : 23/Mar/2024 05:49PM  
**Status** : Final Report  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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




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

STN No: EDT240036384

**Patient Name** : Mr.PRAWIN KUJUR  
**Age/Gender** : 50 Y 2 M 27 D/M  
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**Collected** : 23/Mar/2024 09:19AM  
**Received** : 23/Mar/2024 01:07PM  
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**Status** : Final Report  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	95	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	116	mg/dL	<130	Calculated
LDL CHOLESTEROL	97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.97		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated


**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

**Note:**

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



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





TO: Patient Name : Mr.PRAWIN KUJUR  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

eligibility of drug therapy.

- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY

SIN No:SE04672539

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TOUCHING LIVES  
 Patient Name : Mr.PRAWIN KUJUR  
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	53	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	44.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	99.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated

Kindly correlate clinically.

**Comment:**

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

Common patterns seen:

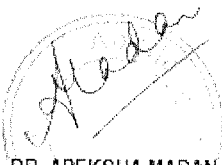
**1. Hepatocellular Injury:**

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

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:** • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04672539

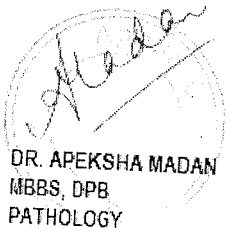


Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
 Received : 23/Mar/2024 01:07PM  
 Reported : 23/Mar/2024 06:28PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY  
 ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.96	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	20.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.00	mg/dL	4.0-7.0	URICASE
CALCIUM	9.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.90	g/dL	6.7-8.3	BIURET
ALBUMIN	4.80	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.55		0.9-2.0	Calculated



DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No:SE04672539

Page 10 of 14





TOUCHING LIVES  
 Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
 Received : 23/Mar/2024 01:07PM  
 Reported : 23/Mar/2024 06:28PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	32.00	U/L	16-73	Glycylglycine Kinetic method



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

SIN No:SE04672539

**Patient Name** : Mr.PRAWIN KUJUR  
**Age/Gender** : 50 Y 2 M 27 D/M  
**UHID/MR No** : STAR.0000062171  
**Visit ID** : STAROPV68484  
**Ref Doctor** : Dr.SELF  
**Emp/Auth/TPA ID** : 8469712722

**Collected** : 23/Mar/2024 09:19AM  
**Received** : 23/Mar/2024 11:44AM  
**Reported** : 23/Mar/2024 03:11PM  
**Status** : Final Report  
**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.38	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	5.270	µIU/mL	0.25-5.0	ELFA

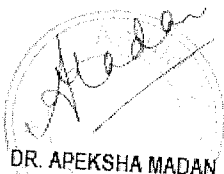
**Comment:**

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

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

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



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

SIN No: SPL24053229



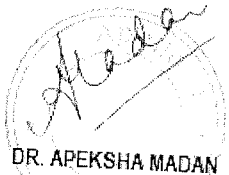
Patient Name : Mr.PRAWIN KUJUR  
 Age/Gender : 50 Y 2 M 27 D/M  
 UHID/MR No : STAR.0000062171  
 Visit ID : STAROPV68484  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 8469712722

Collected : 23/Mar/2024 09:19AM  
 Received : 23/Mar/2024 11:44AM  
 Reported : 23/Mar/2024 04:25PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.610	ng/mL	0-4	ELFA

  
 DR. APEKSHA MADAN  
 MBBS, DPB  
 PATHOLOGY

SIN No: SPL24053229



TOUCHING LIVES  
Patient Name : Mr.PRAWIN KUJUR  
Age/Gender : 50 Y 2 M 27 D/M  
UHID/MR No : STAR.0000062171  
Visit ID : STAROPV68484  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 8469712722

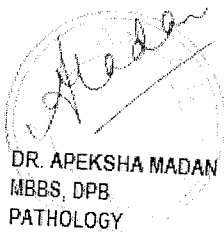
Collected : 23/Mar/2024 09:19AM  
Received : 23/Mar/2024 03:30PM  
Reported : 23/Mar/2024 05:54PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**  
**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/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

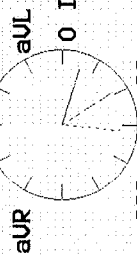
SIN No:UR2313801

Measurement Results:

QRS : 110 ms  
 QT/QTcB : 398 / 400 ms  
 PR : 156 ms  
 P : 86 ms  
 RR/PP : 964 / 980 ms  
 P/QRS/T : 96/ 18/ 56 degrees

< P  
 < T  
 < QRS

Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Nonspecific ST abnormality  
 Abnormal ECG

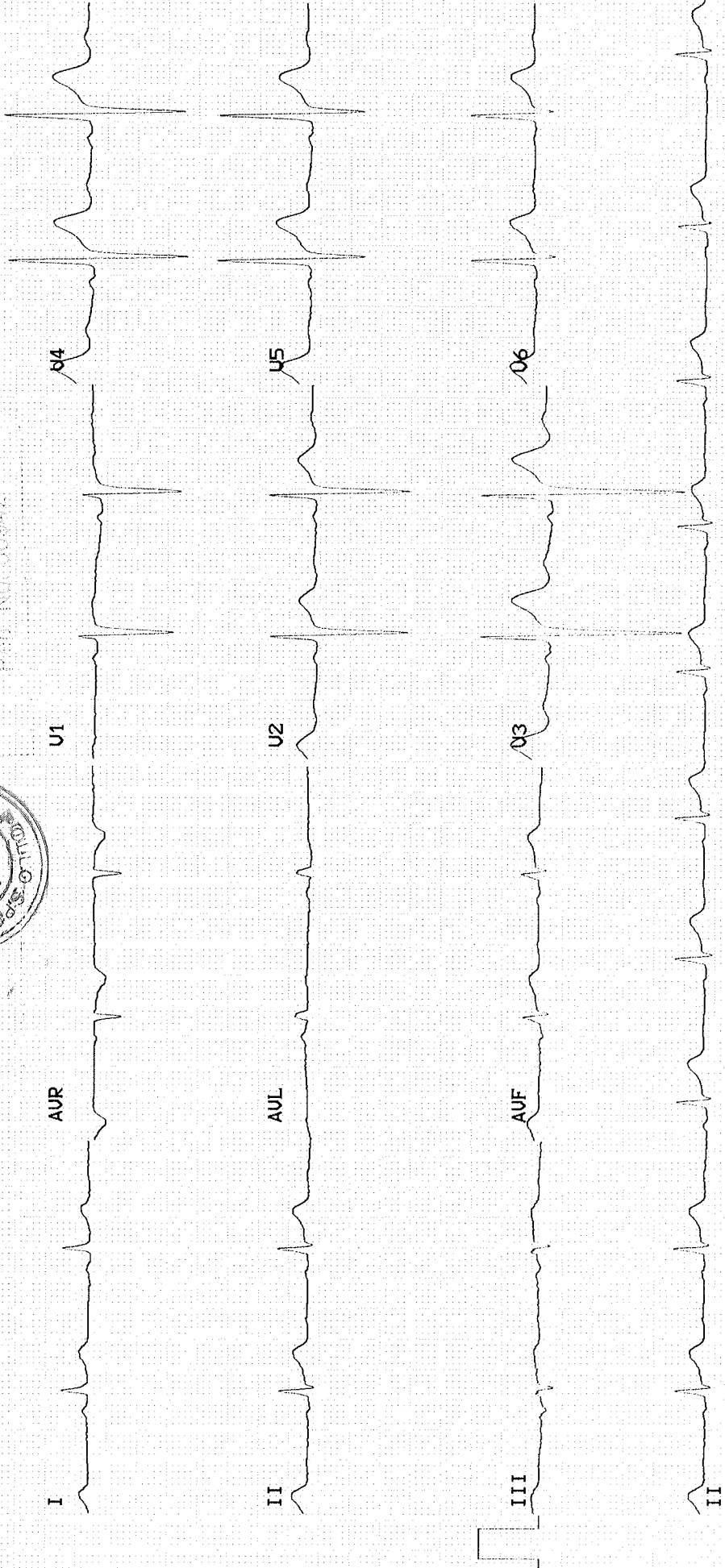


*Wasis Normal limits*



DR. (MRS) CHHAYA P. VALIA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg. No. 56942

Unconfirmed report.



Patient Name	: Mr. Prawin Kujur	Age	: 50 Y M
UHID	: STAR.0000062171	OP Visit No	: STAROPV68484
Reported on	: 25-03-2024 10:43	Printed on	: 25-03-2024 10:44
Adm/Consult Doctor	:	Ref Doctor	: SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen

Printed on:25-03-2024 10:43

---End of the Report---



**Dr. VINOD SHETTY**  
Radiology

Patient Name : MR. PRAWIN KUJUR  
Ref. By : HEALTH CHECK UP

Date : 23-03-2024  
Age : 50 years

**SONOGRAPHY OF ABDOMEN AND PELVIS**

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

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

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

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

**KIDNEYS** : The **RIGHT KIDNEY** measures 11.2 x 5.0 cms and the **LEFT KIDNEY** measures 11.0 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.

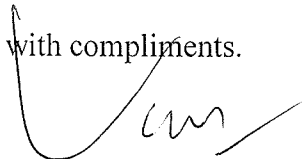
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.1 x 2.6 x 2.6 cms and weighs 11.4 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
Ph No: 022 - 4332 4500 | [www.apollospectra.com](http://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, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)



Name : Mr. Prawin Kujur  
Age : 50 Year(s)

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

### **ECHO Cardiography**

#### **Comments:**

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

#### **Final Impression:**

NORMAL 2DECHOCARDIOGRAPHY REPORT.

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

**Apollo Spectra Hospitals:** 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034  
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Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Name : Mr. Prawin Kujur  
Age : 50 Year(s)

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

**Dimension:**

EF Slope	86mm/sec
EPSS	04mm
LA	36mm
AO	37mm
LVID (d)	57mm
LVID(s)	31mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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

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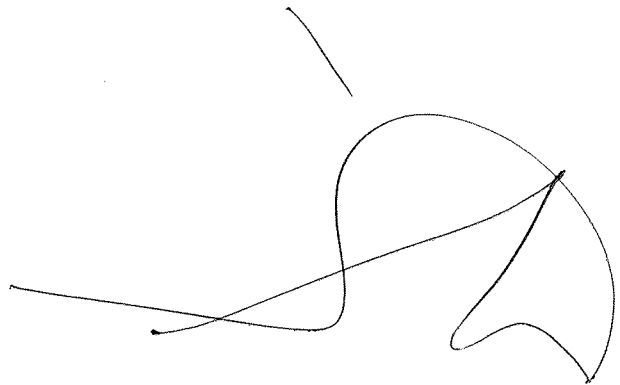
23/3/24

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

Mr. Plawin K.

Pt. for ENT Check up.

Ear	→	}	CONL	R	++		
							++
						L	→
Nose	→						
Throat	→						



**EYE REPORT**

Name: Prawn Kujar

Date: 23/3/24

Age / Sex: 50/M.

Ref No.:

Complaint: Uses gfs for near

— Aud. Seg: wnc —  
0.6:1

**Examination**

Dist. Vn (Plane) 6/9  
Near. Vn = gfs R/O

FR +

**Spectacle Rx**

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

Remarks:

**Medications:**

Trade Name	Frequency	Duration

Follow up:

Consultant:

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

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

## 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

MR Pawan Kumar  
 ID 06217  
 Age 50

Height 178cm  
 Gender Male  
 Date 23.3.2024  
 Time 11:16:43

APOLLO SPECTRA HOSPITAL

## Body Composition

	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	94.9 kg		59.3 ~ 80.2
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	39.9 kg		29.9 ~ 36.5
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	25.2 kg		8.4 ~ 16.7
TBW Total Body Water	51.2 kg (39.2 ~ 47.9)		FFM Fat Free Mass	69.7 kg (50.9 ~ 63.4)
Protein	13.9 kg (10.5 ~ 12.8)		Mineral*	4.62 kg (3.63 ~ 4.43)

\* Mineral is estimated.

## Segmental Lean

	Lean Mass Evaluation
4.1kg Normal	4.2kg Over
Trunk 31.2kg Normal	
10.8kg Normal	10.8kg Normal

## Obesity Diagnosis

	Abn	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	30.0	18.5 ~ 25.0
PBF Percent Body Fat (%)	26.6	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.95	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1875	1938 ~ 2287

## Nutritional Evaluation

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

## Weight Management

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

## Obesity Diagnosis

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

	PBF Fat Mass Evaluation
26.7%	25.7%
1.6kg Over	1.5kg Over
Trunk 29.6%	
13.9kg Over	
22.9%	23.2%
3.4kg Over	3.5kg Over

\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 12.9 kg	Fitness Score	78
----------------	--------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	258.1	266.6	23.9	218.4	215.0
100kHz	225.8	234.4	19.9	192.1	190.7

\* 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: 94.9 kg / Duration: 30min. / unit: kcal)											
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
190	332	285	332	309	332	214	285	332	475	180	214
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	475	475	475	285	332	167
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

1900 kcal

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

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUJUR PRAWIN KUMAR
क.कू.संख्या	63230
पदनाम	SUPPLY CHAIN FINANCE
कार्य का स्थान	MUMBAI,BKC, BARODA SUN TOWER
जन्म की तारीख	27-12-1973
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M63230100101720E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 18-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

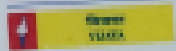
मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम प्रवीण कुमार कुजूर  
Name Prawin Kumar Kujur

कर्मचारी कूट क्र.  
E.C. No. 63230

जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder



<b>Patient Name</b>	: Mr. Prawin Kujur	<b>Age/Gender</b>	: 50 Y/M
<b>UHID/MR No.</b>	: STAR.0000062171	<b>OP Visit No</b>	: STAROPV68484
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 25-03-2024 10:43
<b>LRN#</b>	: RAD2278294	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8469712722		

**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

<b>Patient Name</b>	: Mr. Prawin Kujur	<b>Age/Gender</b>	: 50 Y/M
<b>UHID/MR No.</b>	: STAR.0000062171	<b>OP Visit No</b>	: STAROPV68484
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 23-03-2024 12:16
<b>LRN#</b>	: RAD2278294	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 8469712722		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**KIDNEYS :** The **RIGHT KIDNEY** measures 11.2 x 5.0 cms and the **LEFT KIDNEY** measures 11.0 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 3.1 x 2.6 x 2.6 cms and weighs 11.4 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

**URINARY BLADDER :** The urinary bladder is well distended and is normal in shape and contour.

**BLADDER :** No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** The Ultrasound examination reveals mild fatty infiltration.



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