

Apollo Spectra Hospitals
156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034
Ph. No.: 022 4332 4500
E:doctorrinal@gmail.com

**Apollo Spectra**
HOSPITALS
Specialists in Surgery

Patient Name: Jagdish Parghi Age: 51
Address: Mumbai Date: 27/3/2024

R₁

- Crown \bar{c} $\frac{+}{5}$

- Scaling



Signature
Dr. Rinal Modi B.D.S (Mumbai)
Dental Surgeon
Reg. No. : A -28591
M: 87792 56365 / 98922 90876
E:doctorrinal@gmail.com

OUT- PATIENT RECORD

Date : 27/3/24
MRNO : 092131
Name : Mr Jagdish Patil
Age/Gender : 51 yrs male
Mobile No :
Passport No :
Aadhar number :

Pulse : 68/min	B.P : 160/100	Resp : 26/min	Temp : (N)
Weight : 84.5	Height : 179cm.	BMI : 26.4	Waist Circum : 38"

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Divorcee, Nonvegetarian
Sleep B/B @ No Allergy.
No addiction
Mother : DM
Lipid/Sugar ↑
1) Avoid oil/glu/sugar/ferret
2) Morning walk 45 min daily
3) Repeat Sugar/Lipid after 2 months
Physically fit.

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



[Signature]
Doctor Signature

Follow up date:

Patient Name : Mr.JAGDISH GOVIND PARGHI
Age/Gender : 51 Y 4 M 17 D/M
UHID/MR No : STAR.0000032131
Visit ID : STAROPV68554
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8652828210

Collected : 27/Mar/2024 09:07AM
Received : 27/Mar/2024 10:56AM
Reported : 27/Mar/2024 01:38PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

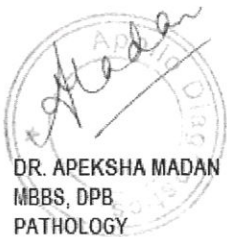
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240084027

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DEPARTMENT OF HAEMATOLOGY

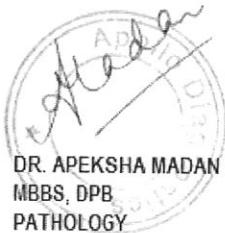
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	45.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.2	fL	83-101	Calculated
MCH	28	pg	27-32	Calculated
MCHC	31	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,360	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	63	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	03	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4006.8	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1653.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	190.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	508.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.42		0.78- 3.53	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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MBBS, DPB
PATHOLOGY



SIN No:BED240084027

TOUCH POINTS	Patient Name : Mr.JAGDISH GOVIND PARGHI Age/Gender : 51 Y 4 M 17 D/M UHID/MR No : STAR.0000032131 Visit ID : STAROPV68554 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8652828210	Collected : 27/Mar/2024 09:07AM Received : 27/Mar/2024 10:56AM Reported : 27/Mar/2024 01:38PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

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

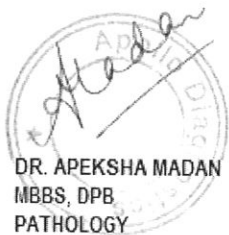
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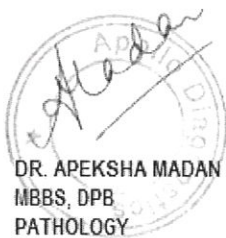


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DEPARTMENT OF HAEMATOLOGY

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

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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	120	mg/dL	70-100	GOD - POD

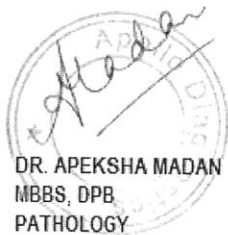
Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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



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SIN No:PLF02134576

TOUCHING LIVES	Patient Name : Mr.JAGDISH GOVIND PARGHI Age/Gender : 51 Y 4 M 17 D/M UHID/MR No : STAR.0000032131 Visit ID : STAROPV68554 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8652828210	Collected : 27/Mar/2024 01:32PM Received : 27/Mar/2024 01:59PM Reported : 27/Mar/2024 02:11PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

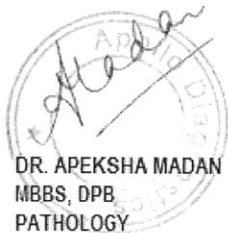
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	122	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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SIN No:PLP1438650

TOUCH POINTS	TOUCH POINTS Patient Name : Mr.JAGDISH GOVIND PARGHI Age/Gender : 51 Y 4 M 17 D/M UHID/MR No : STAR.0000032131 Visit ID : STAROPV68554 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 8652828210	Collected : 27/Mar/2024 09:07AM Received : 27/Mar/2024 03:30PM Reported : 27/Mar/2024 04:00PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	146	mg/dL		Calculated

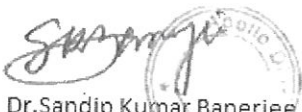
Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



SIN No: EDT240038723

Patient Name : Mr.JAGDISH GOVIND PARGHI	Collected : 27/Mar/2024 09:07AM
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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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	224	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	90	mg/dL	<150	
HDL CHOLESTEROL	38	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	186	mg/dL	<130	Calculated
LDL CHOLESTEROL	168	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.89		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<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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MBBS, DPB
PATHOLOGY



SIN No:SE04677324

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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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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
LIVER FUNCTION TEST (LFT) , SERUM				
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)	61	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	37.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	72.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Comment:

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

Common patterns seen:


1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

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



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TOUCHING LIVES

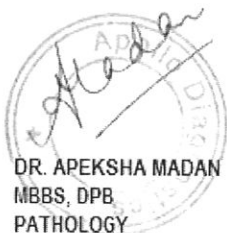
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.73	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	29.30	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	13.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.50	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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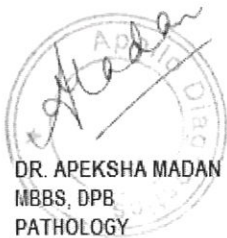
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	93.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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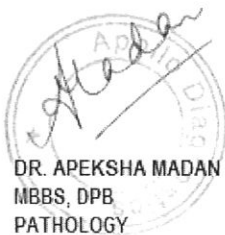
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.18	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.35	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	4.800	µIU/mL	0.25-5.0	ELFA

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



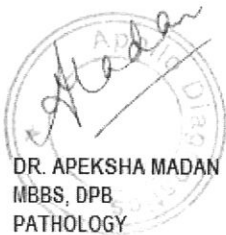
SIN No:SPL24056675

Patient Name : Mr.JAGDISH GOVIND PARGHI	Collected : 27/Mar/2024 09:07AM
Age/Gender : 51 Y 4 M 17 D/M	Received : 27/Mar/2024 11:04AM
UHID/MR No : STAR.0000032131	Reported : 27/Mar/2024 02:28PM
Visit ID : STAROPV68554	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 8652828210	

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	1.120	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24056675

Patient Name : Mr.JAGDISH GOVIND PARGHI
Age/Gender : 51 Y 4 M 17 D/M
UHID/MR No : STAR.0000032131
Visit ID : STAROPV68554
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8652828210

Collected : 27/Mar/2024 09:07AM
Received : 27/Mar/2024 12:35PM
Reported : 27/Mar/2024 02:09PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

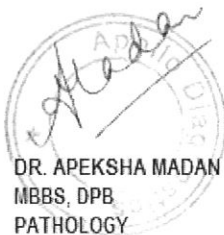
DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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
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 ***

Page 15 of 15

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2317465

GE MAC1200 ST

JAGDISH,

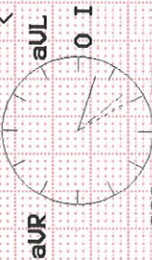
HR 68 bpm

Measurement Results:

QRS : 88 ms
 QT/QTcB : 364 / 387 ms
 PR : 194 ms
 P : 138 ms
 RR/PP : 884 / 880 ms
 P/QRS/T : 58/ 18/ 49 degrees

< P
< T
< QRS

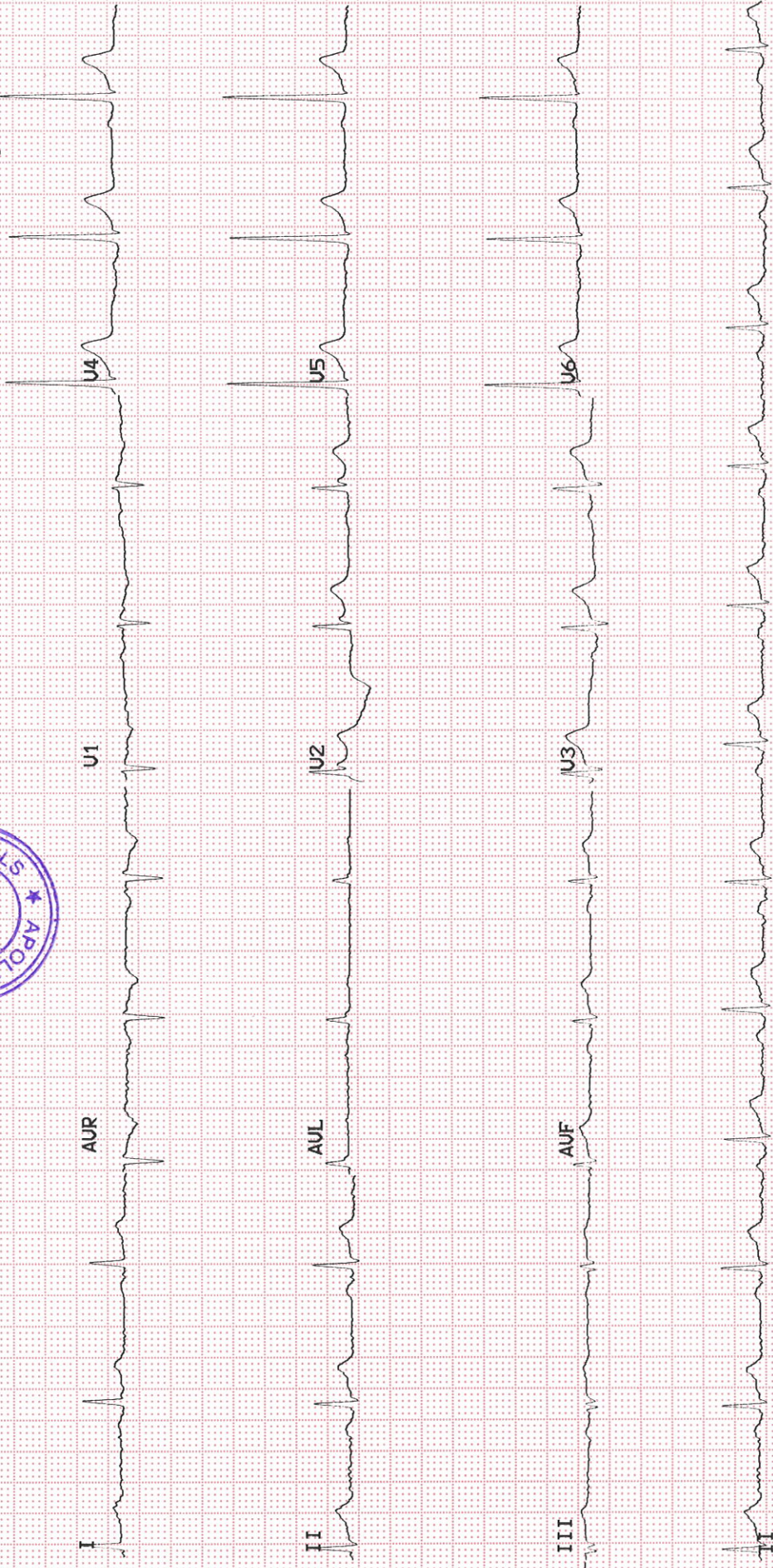
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG



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

Dr. Manal Bhat

Unconfirmed report.



27/3/24

Patient Name	: Mr. Jagdish Govind Parghi	Age	: 51 Y M
UHID	: STAR.0000032131	OP Visit No	: STAROPV68554
Reported on	: 27-03-2024 11:17	Printed on	: 27-03-2024 11:18
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:27-03-2024 11:17

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Jagdish Parghi
Age : 51 Year(s)

Date : 27/03/2024
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%).
Grade I 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 WITH GRADE I DD.


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

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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)

(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Jagdish Parghi
Age : 51 Year(s)

Date : 27/03/2024
Sex : Male
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	04mm
LA	32mm
AO	32mm
LVID (d)	37mm
LVID(s)	15mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

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


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

Patient Name : MR. JAGDISH G PARGHI
Ref. By : HEALTH CHECK UP

Date : 27-03-24
Age : 51 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 11.3 x 5.3 cms and the **LEFT KIDNEY** measures 11.6 x 5.2 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 3.0 x 2.5 x 2.0 cms and weighs 8.4 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.

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

EYE REPORT

Name: Jagdish Parthi

Date: 27/3/24

Age / Sex: 51/M.

Ref No.:

Complaint: Bricking seen ∴ 7 months.
Using gls. Only for near.

OD

OS

Examination

Concretions +
K. clear
Q.D ; R. R. R. R. O

Spectacle Rx

Clear lens -
-0.35 D FR+

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	6/9	—	Plano	—	6/9	—	Plano	—
Read	add +2.0	No			N6	add +2.0		

Remarks: L.E. concretions removal ↓ T-A.

Medications:

Trade Name	Frequency	Duration

Follow up:

Consultant:

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

Name: Mr Jagdish G Parghi
Age: 51yr/M

27/3/24

- For ENT consultation (health checkup)
- offers no ENT complaints

O/E - Ears


Ⓜ Dull TM
intact,
mobile



Ⓜ Dull TM intact, mobile

Nose -



Septum central
mucosa @
No discharge

Throat - NAD

ENT - NAD



MAJ (DR) SHRUTI ANIL SHARMA
M.S. (ENT), PGDHHM, PGDMLS
MMC - 2019096177

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. Jaydish Parshi
 ID 032131
 Age 51

Height 179cm
 Gender Male
 Date 27. 3. 2024
 Time 09:36:50

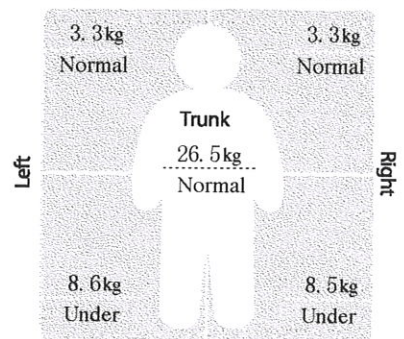
APOLLO SPECTRA HOSPITAL

Body Composition

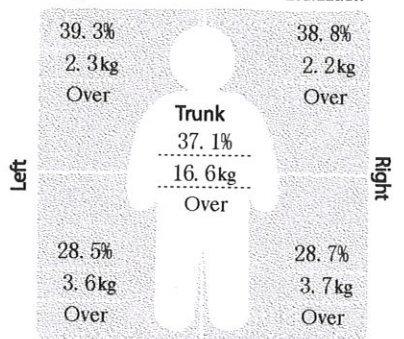
	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				59.9 ~ 81.1
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				30.2 ~ 37.0
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 520				8.5 ~ 16.9
TBW Total Body Water	40.1 kg (39.6 ~ 48.4)		FFM Fat Free Mass	54.8 kg (51.5 ~ 64.1)	
Protein	10.8 kg (10.6 ~ 13.0)		Mineral*	3.89 kg (3.67 ~ 4.48)	

* Mineral is estimated.

Segmental Lean



Segmental Fat



* Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	26.4	18.5 ~ 25.0
PBF Percent Body Fat (%)	35.2	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.12	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1553	1766 ~ 2077

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Muscle-Fat Control

Muscle Control	+ 5.2 kg	Fat Control	- 19.2 kg	Fitness Score	56
----------------	----------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	337.3	336.6	26.0	314.2	307.6
100kHz	305.1	308.0	23.3	286.4	281.8

* 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: 84.5 kg / Duration: 30min. / unit: kcal)					
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic
169	296	254	296	275	296
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton
191	254	296	423	161	191
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf
423	423	423	254	296	149
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 4 weeks ÷ 7700**