

Patient Name	: Mr. Vipin Bhatt	Age/Gender	: 51 Y/M
UHID/MR No.	: STAR.0000060396	OP Visit No	: STAROPV65995
Sample Collected on	:	Reported on	: 29-12-2023 11:32
LRN#	: RAD2194881	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9930934641		

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 9.8 x 4.1 cms and the **LEFT KIDNEY** measures 10.0x 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 3.4 x 2.8 x 2.3cms and weighs 11.7 grams. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

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

Report with compliments.



Dr. VINOD SHETTY
Radiology

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UHID/MR No.	: STAR.0000060396	OP Visit No	: STAROPV65995
Sample Collected on	:	Reported on	: 29-12-2023 11:44
LRN#	: RAD2194881	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9930934641		

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



भारत सरकार
Government of India



Vipin Kumar Kishore Chandra Bhatt
DOB : 26/10/1972
MALE

31/10/2012

9751 9282 9715

मेरा **आधार**, मेरी पहचान

29/12/2023 OUT-PATIENT RECORD

Date : 29/12/2023
MRNO : 60396
Name : Mr. Vipin Bhatt
Age/Gender : 51yrs Male
Mobile No :
Passport No :
Aadhar number :

Pulse :	B.P : 140/90	Resp : 22/min	Temp : (N)
Weight : 67.5	Height : 162 cm	BMI : 25.7	Waist Circum : 82 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Vegetarian
Sleep: (N) B/B (N) NO Allergy
No addiction
FH: Mother: HT. Father: esophageal cancer exposed
UA 7-70.

- ① Avoid High protein diet
 - ② Repeat UA after 2 months.
- Physically fit

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

Follow up date:

Doctor Signature

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

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

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

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



TOUCHING LIVES

Patient Name : Mr.VIPIN BHATT
Age/Gender : 51 Y 2 M 3 D/M
UHID/MR No : STAR.0000060396
Visit ID : STAROPV65995
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9930934641

Collected : 29/Dec/2023 09:03AM
Received : 29/Dec/2023 11:03AM
Reported : 29/Dec/2023 02:57PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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



TOUCHING LIVES

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	17	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	51.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	33.1	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,020	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	5863	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2255	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	180.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	721.6	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	431000	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				

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 Note/Comment : Please Correlate clinically



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

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



Patient Name : Mr.VIPIN BHATT	Collected : 29/Dec/2023 09:03AM
Age/Gender : 51 Y 2 M 3 D/M	Received : 29/Dec/2023 10:58AM
UHID/MR No : STAR.0000060396	Reported : 29/Dec/2023 11:42AM
Visit ID : STAROPV65995	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9930934641	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	102	mg/dL	70-100	GOD - POD
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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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mr.VIPIN BHATT	Collected : 29/Dec/2023 01:04PM
Age/Gender : 51 Y 2 M 3 D/M	Received : 29/Dec/2023 01:42PM
UHID/MR No : STAR.0000060396	Reported : 29/Dec/2023 01:51PM
Visit ID : STAROPV65995	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9930934641	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	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.



TOUCHING LIVES	Patient Name : Mr.VIPIN BHATT	Collected : 29/Dec/2023 09:03AM
	Age/Gender : 51 Y 2 M 3 D/M	Received : 29/Dec/2023 04:15PM
	UHID/MR No : STAR.0000060396	Reported : 29/Dec/2023 05:26PM
	Visit ID : STAROPV65995	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 9930934641	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA

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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Visit ID : STAROPV65995	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	146	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	47	mg/dL	<150	
HDL CHOLESTEROL	56	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	90	mg/dL	<130	Calculated
LDL CHOLESTEROL	80.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	9.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.61		0-4.97	Calculated

Comment:

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

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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.90	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.70	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	134.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.75		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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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.82	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	14.60	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	6.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	4.0-7.0	URICASE
CALCIUM	9.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.6	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98-107	Direct ISE

Kindly correlate clinically.



TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.52	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	9.78	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.630	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically.

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



TOUCHING LIVES

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.580	ng/mL	0-4	ELFA



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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



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

Page 14 of 14



SIN No:UR2253303

Patient Name : MR.VIPIN BHATT
Ref. By : HEALTH CHECK UP

Date : 29-12-2023
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 9.8 x 4.1 cms and the **LEFT KIDNEY** measures 10.0x 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 3.4 x 2.8 x 2.3cms and weighs 11.7 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

Report with compliments.



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

CONSULTANT SONOLOGIST, Apollo Spectra Hospitals, 16, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

Patient Name : Mr. Vipin Bhatt Age : 51 Y M
UHID : STAR.0000060396 OP Visit No : STAROPV65995
Reported on : 29-12-2023 11:44 Printed on : 29-12-2023 12:56
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:29-12-2023 11:44

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name: Mr Vipin Bhatt
Age: 51y/M

29/12/2023

- For Health Consultation
- Offers no ENT complaints

O/E - Ears -



B/L TM intact, mobile

Nose -



Septum central
Mucosa @
No discharge

Throat - NAD

Imp: ENT-NAD


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

EYE REPORT

Name: *Mr. Vipin Bhatia*

Date: *29/12/2023*

Age / Sex: *51 yr / M*

Ref No.:

Complaint:

Acute CU DOU for distance

Examination

No r/o S&PA

Spectacle Rx

*Ux < 6/6p
6/9p*

Near Ux < N6

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

Remarks:

Color Ux normal

Medications:

As & war

Trade Name	Frequency	Duration

Follow up:

fundus & war

Consultant:



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 exceed 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 soups, 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.

FOODS TO AVOID

Maida and bakery product like Khari, toast, butter, pav, white bread, cake, nankhatai, pastry etc.

Fried sev, fried moong, fried dal, farsan, fafda etc.

Condense milk, concentrated milk sweets, butter, cheese, cream.

Groundnut, Coconut (Dry and fresh), Cashew nut, pista.

Hydrogenated fat like dalda, salted butter, ready to eat items, fast food, processed, preserves and canned food.

Carbonated beverages (soft drink), excess amount of tea and coffee, alcohol.

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.

Fauziya Ansari
Clinical Nutritionist/ Dietician
E: diet.trd@apollospectra.com
Cont.: 8452884100

ID 0 *Nipin Bhatt* | Height 162cm | Date 29.12.2023 | APOLLO SPECTRA HOSPITAL
 Age 51 | Gender Male | Time 10:09:39

Body Composition

	Normal	Over	Unit	Normal Range
Weight	40-115	115-205	kg	49.1 ~ 66.4
Muscle Mass Skeletal Muscle Mass	60-110	110-170	kg	24.5 ~ 29.9
Body Fat Mass	20-100	100-520	kg	6.9 ~ 13.9
TBW Total Body Water	30.7 kg (32.5 ~ 39.7)		FFM Fat Free Mass	41.8 kg (42.1 ~ 52.5)
Protein	8.3 kg (8.7 ~ 10.6)		Mineral*	2.81 kg (3.00 ~ 3.67)

*Mineral is estimated.

Segmental Lean	Lean Mass Evaluation
2.3kg Under	2.4kg Under
Trunk 20.9kg Normal	
6.6kg Under	6.5kg Under

Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	25.7	18.5 ~ 25.0
PBF Percent Body Fat (%)	38.0	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.02	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1274	1485 ~ 1733

Nutritional Evaluation

Protein	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Deficient	
Mineral	<input type="checkbox"/> Normal	<input checked="" 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 checked="" type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

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

Segmental Fat	PBF Fat Mass Evaluation
42.4%	40.6%
1.8kg Over	1.8kg Over
Trunk 38.6%	
13.9kg Over	
33.5%	33.9%
3.5kg Over	3.5kg Over

*Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control + 7.2 kg | Fat Control - 17.0 kg | Fitness Score 56

Impedance

Z	RA	LA	TR	RL	LL
20kHz	361.6	383.7	31.3	328.4	317.7
100kHz	319.6	338.9	26.4	294.4	287.3

* 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: 67.5 kg / Duration: 30min. / unit: kcal)							
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic		
135	236	203	236	220	236		
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton		
153	203	236	338	128	153		
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf		
338	338	338	203	236	119		
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training injury 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

1300 kcal

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

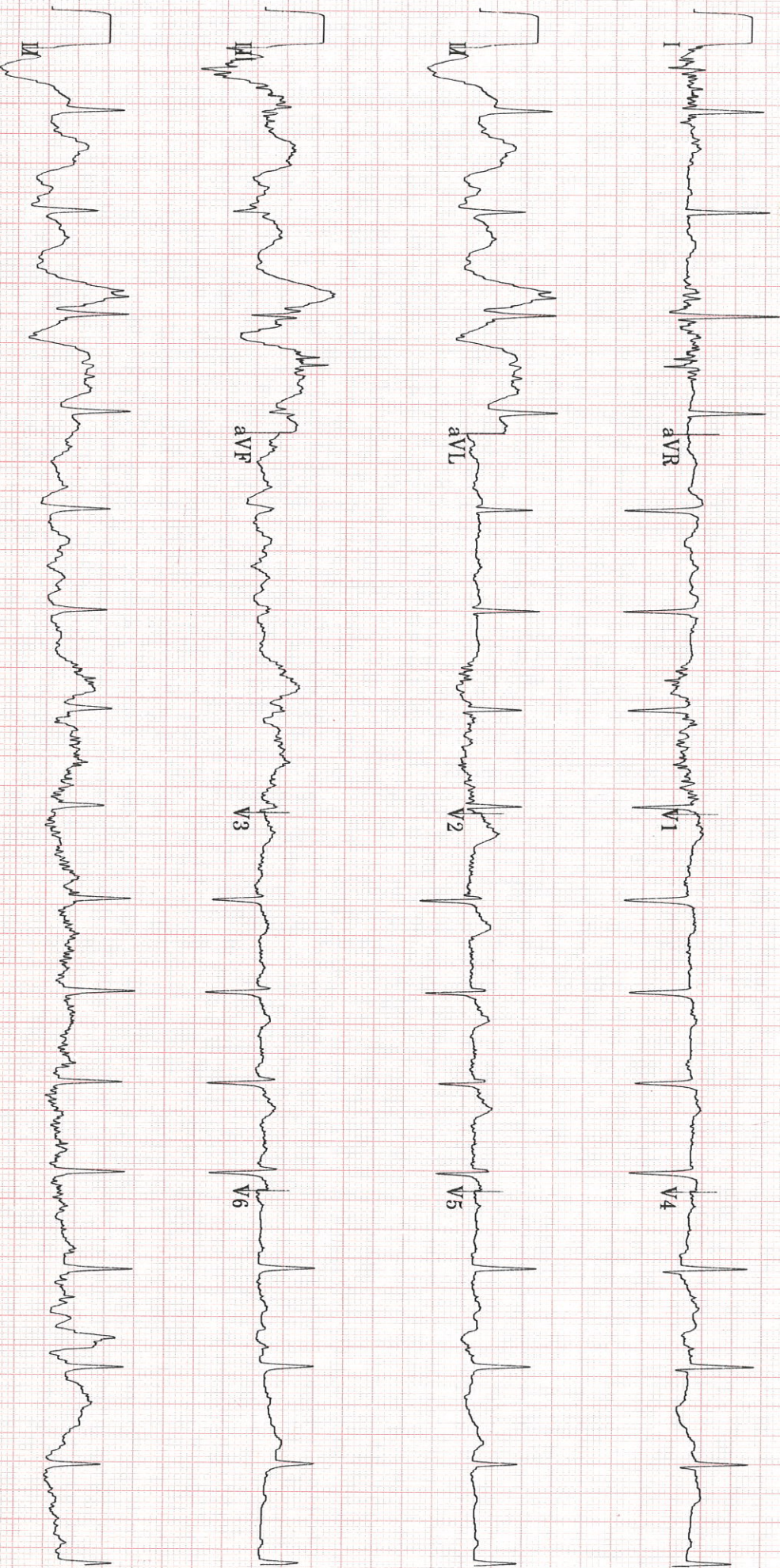
BHATT, VIPIN
ID: 000060396

29-Dec-2023
12:58:46

95bpm
BP: 140/90

PRETEST
SUPINE
24:44

BRUCE
***mph
***/%



BHATT, VIPIN
ID: 000060396

29-Dec-2023
12:58:59

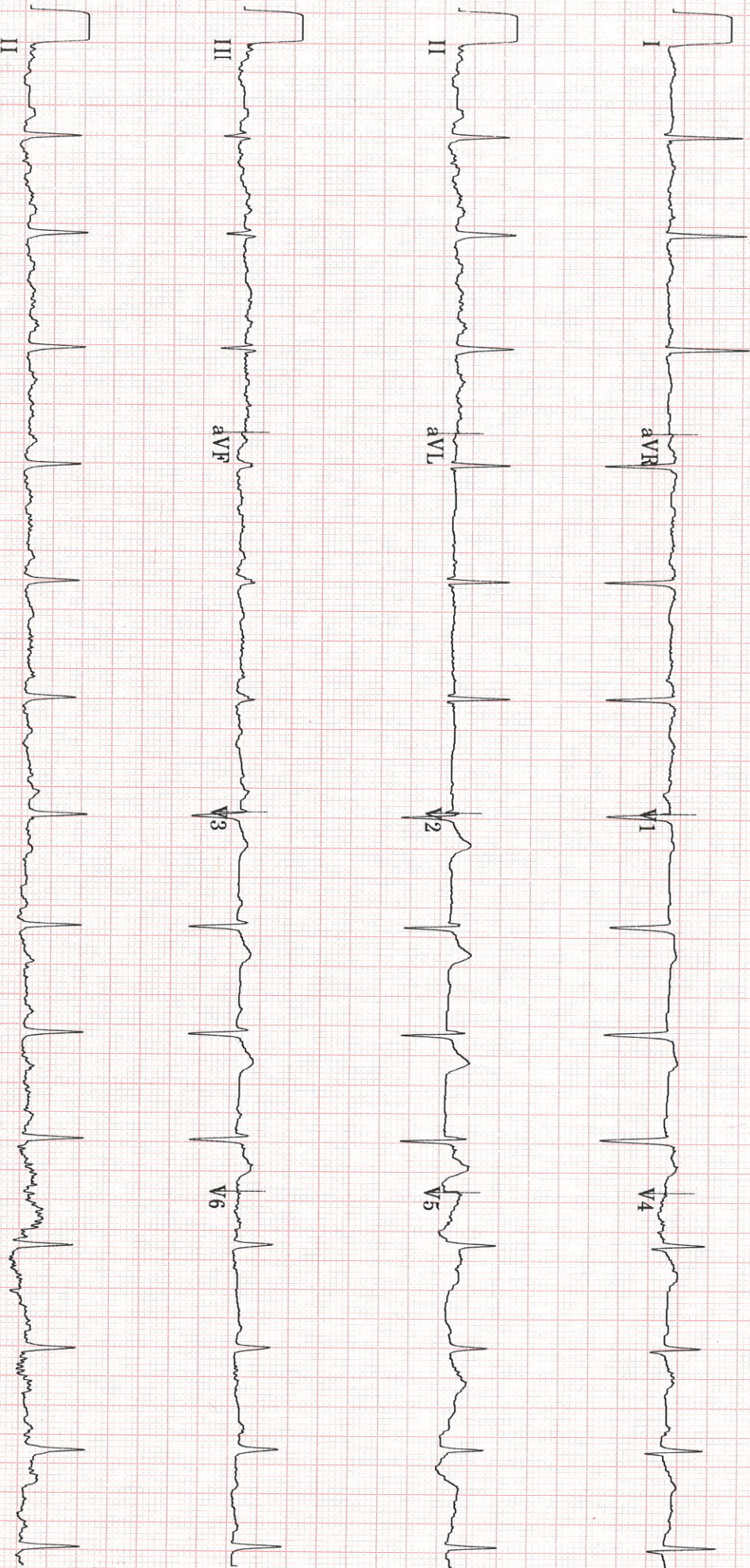
12 LEAD REPORT

87bpm
BP: 140/90

PRETEST
SUPINE
25:00

BRUCE
** *mph
** *%

APOLLO SPECTRA TARDEO MUMBAI



40 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

4 hv 2.5s + 1 rhythm 1d

MAC55 009C

0

BHATT, VIPIN
ID: 000060396

29-Dec-2023
12:59:13

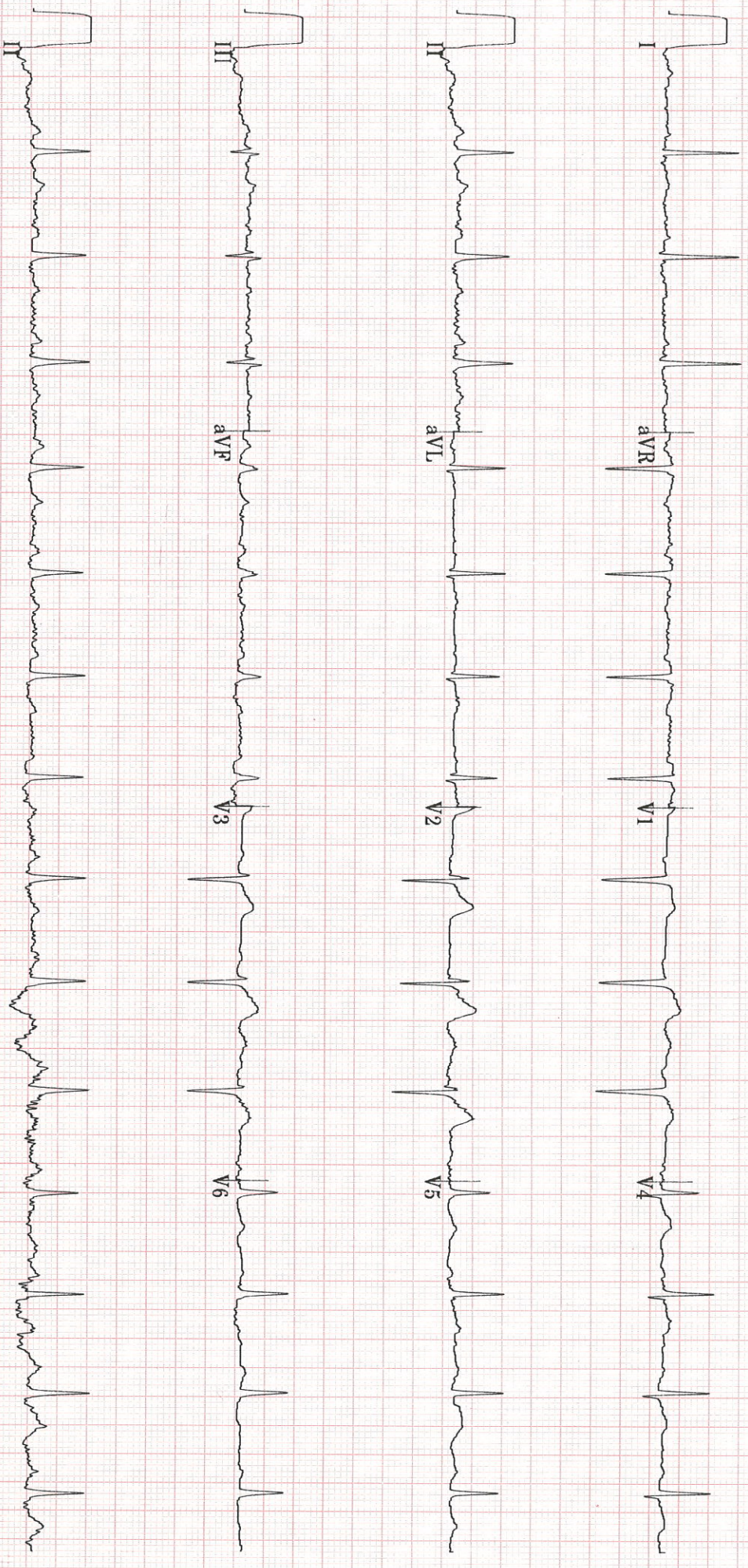
85bpm

12 LEAD REPORT

PRETEST
STANDING
25:12

APOLLO SPECTRA TARDEO MUMBAI

BRUCE
***mph
***%



10 Hz 95.0 mm/s 10.0 mm/mV A. H. S. 50Hz HR 46 1 hr 25c 1 rhythm 1d MAC55 009C

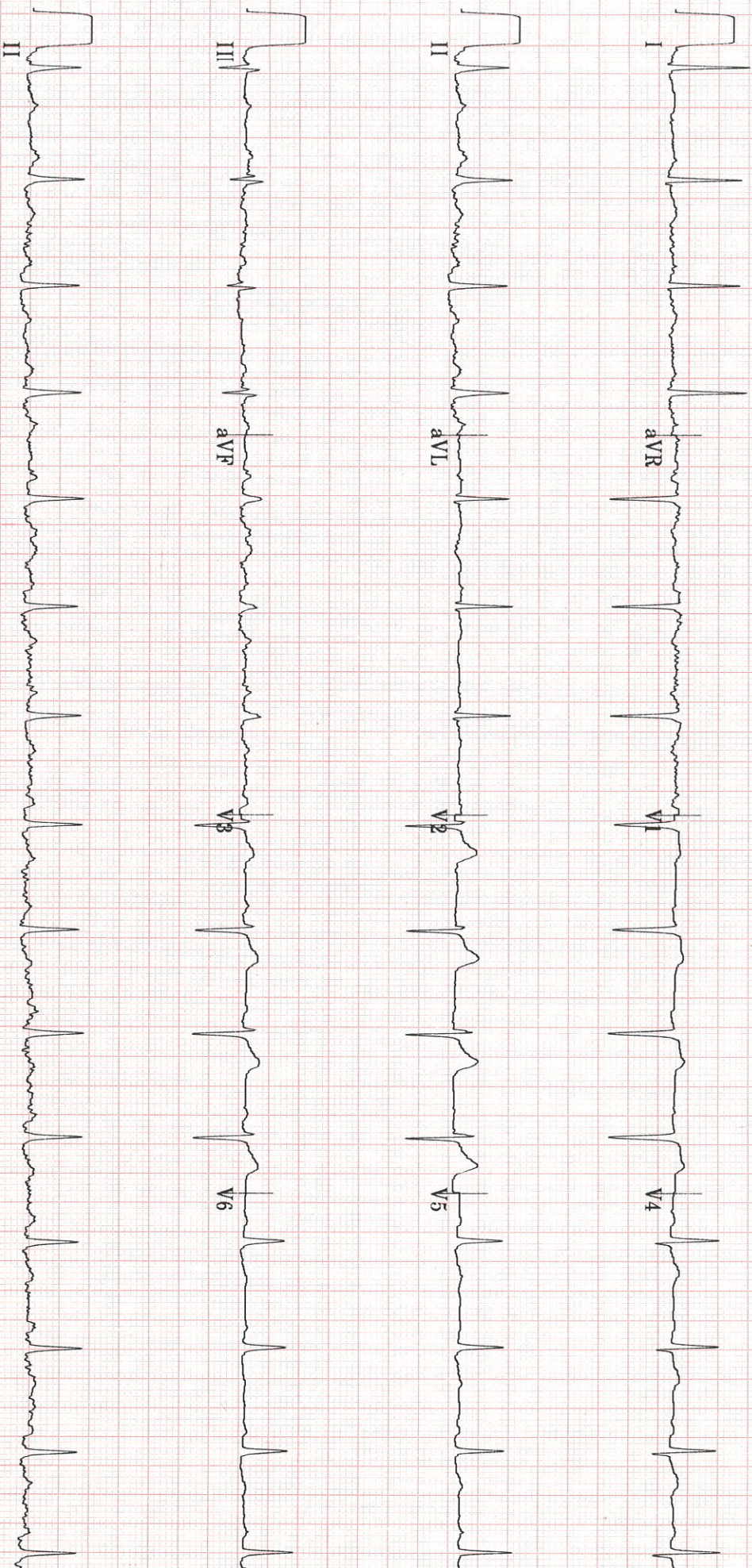
BHATT, VIPIN
ID: 000060396

29-Dec-2023
12:59:29

87bpm

12 LEAD REPORT
PRETEST
HYPERVENT

APOLLO SPECTRA TARDEO MUMBAI
BRUCE
***mph
***%



40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46 4 hv 2.5s + 1 rhvthm Id MAC55 009C 0

BHATT, VIPIN
ID: 000060396
29-Dec-2023
13:03:51

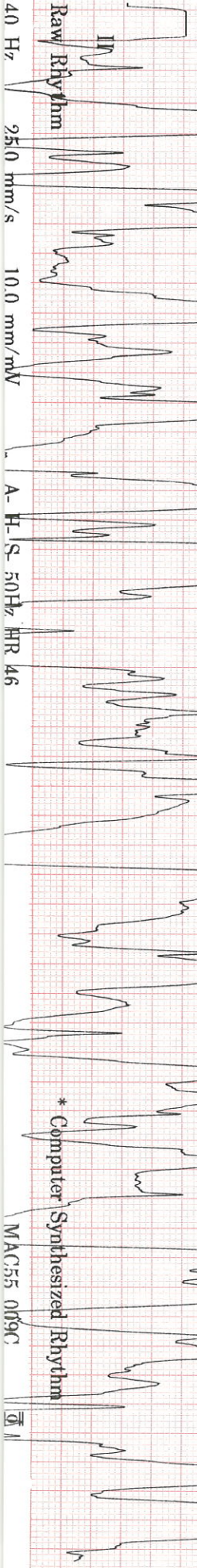
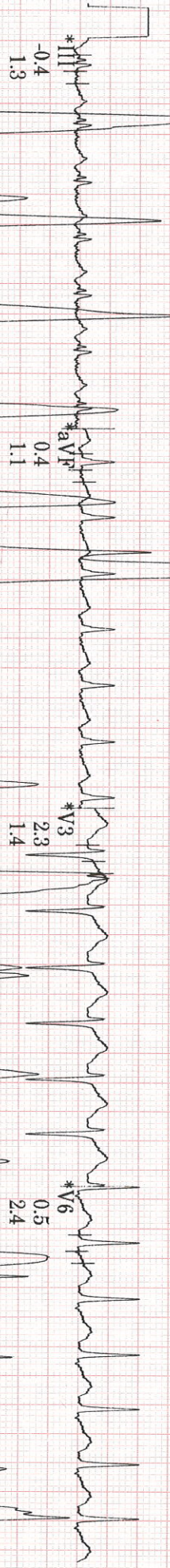
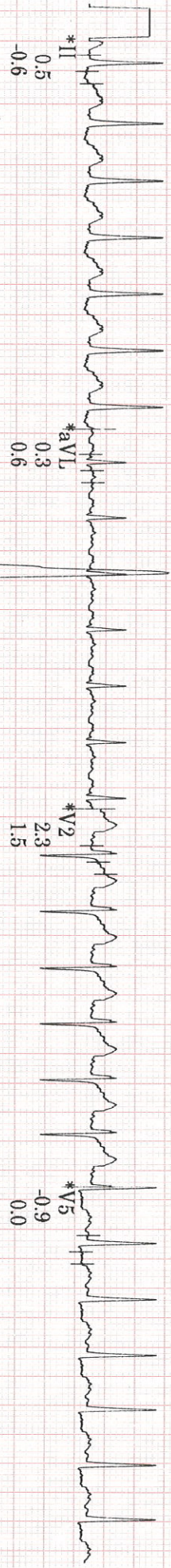
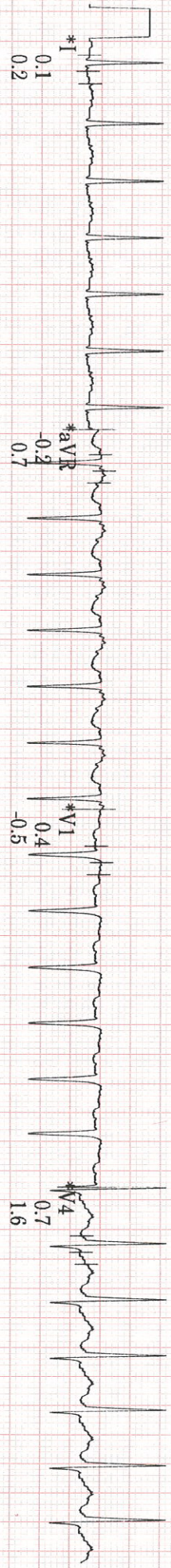
EXERCISE
STAGE 1
2.49

BRUCE
1.7mph
10.0%

163bpm

ST @ 10mm/mV
80ms postJ

Lead
ST'(mm)
Slope(mV/s)



* Computer Synthesized Rhythm

MAC55 009C

Q1

BHATT, VIPIN
ID: 000060396

29-Dec-2023
13:06:51

LINKED MEDIANS REPORT

APOLLO SPECTRA TARDEO MUMBAI

153bpm

EXERCISE
STAGE 2

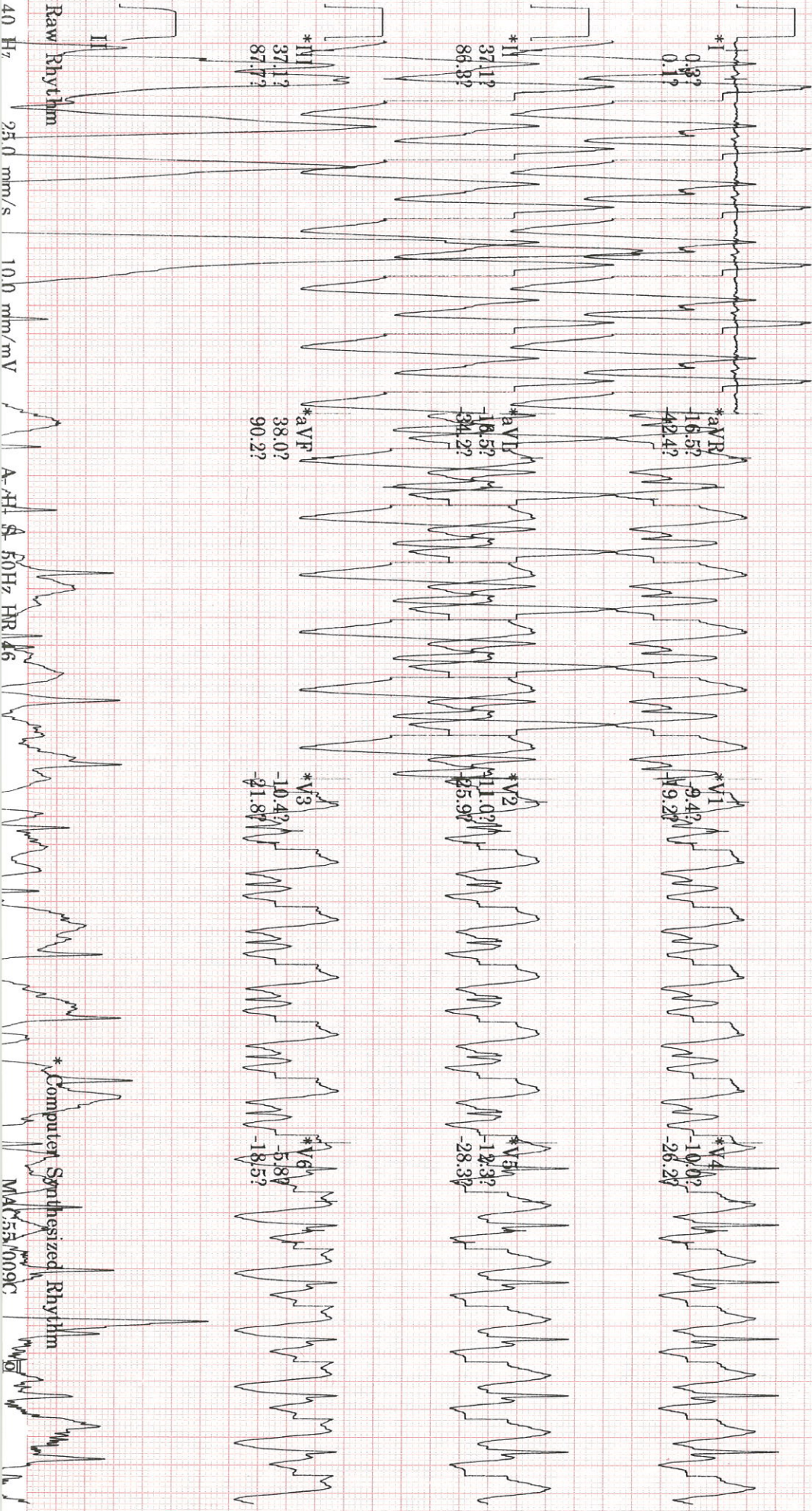
BP: 150/100

5.48

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



BHATT, VIPIN
ID: 000060396

29-Dec-2023
13:07:11

167bpm

EXERCISE
STAGE 3

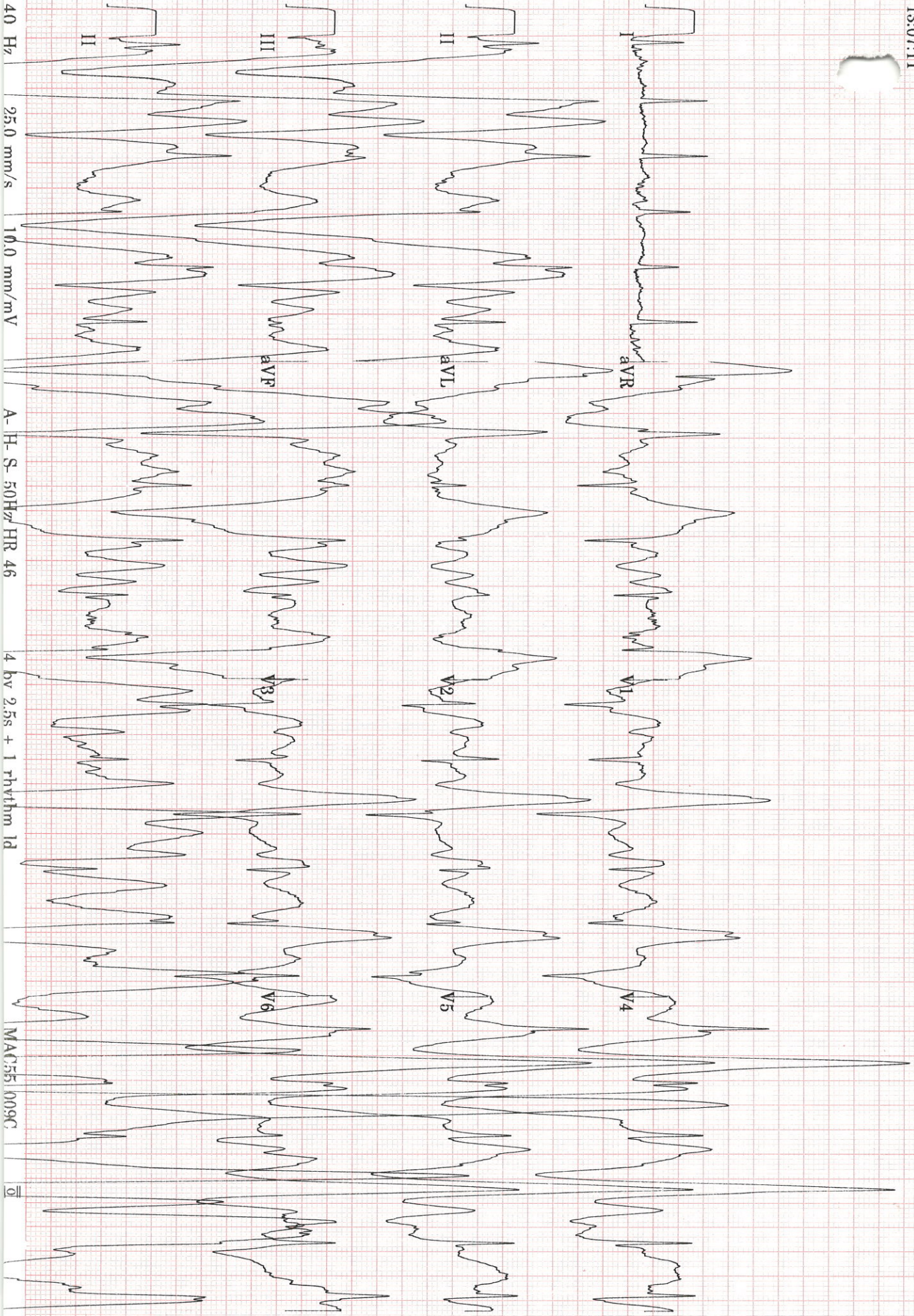
BP: 150/100

6:08

BRUCE

3.4mph

14.0%



BHATT, VIPIN
ID: 000060396

29-Dec-2023
13:08:11

LINKED MEDIANS REPORT

APOLLO SPECTRA TARDEO MUMBAI

*** Auto Relearn ***
0:49

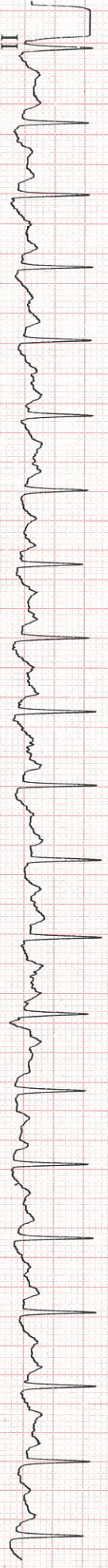
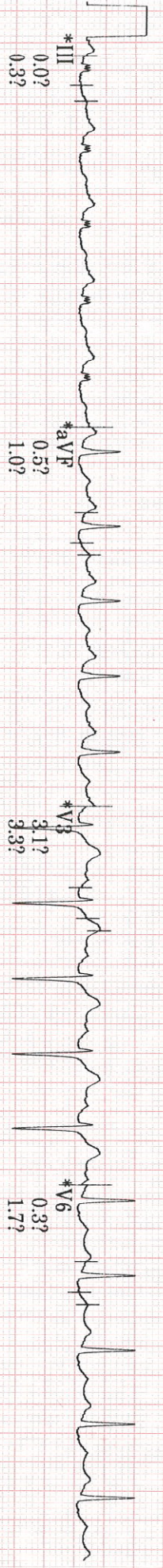
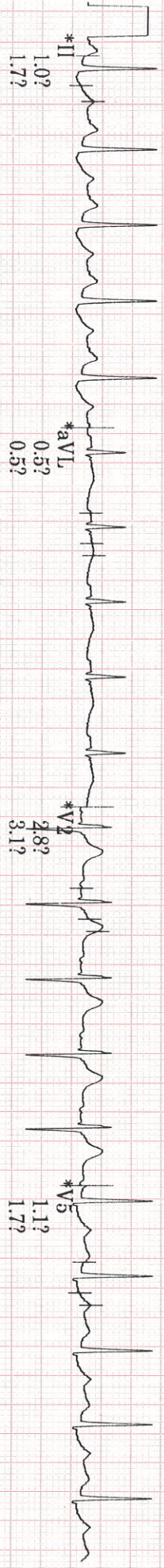
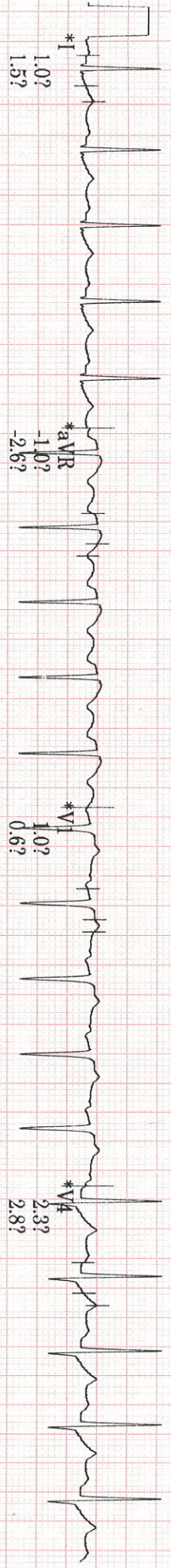
ST @ 10mm/mV
80ms postJ

121bpm

RECOVERY
Post
1:00

BRUCE
***mph
***/%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

40 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46 MAC55 009C

BHATT, VIPIN
ID: 000060396

29-Dec-2023
13:09:11

LINKED MEDIANS REPORT

109bpm

BP: 140/90

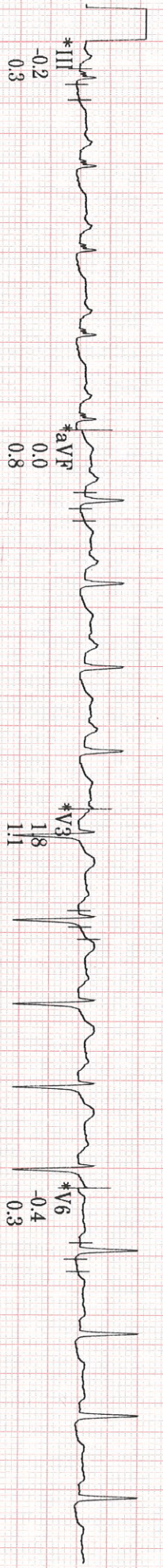
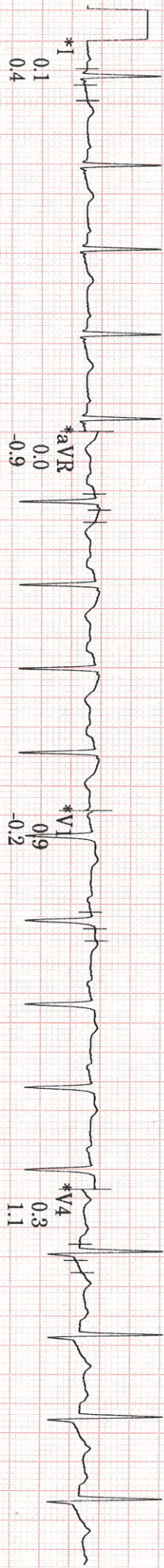
RECOVERY
Post
2:00

APOLLO SPECTRA TARDEO MUMBAI

BRUCE
***mph
***/%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

10 Hz 25.0 mm/s 10.0 mm/mV A H S 50Hz, HR 1/6

MACR5 0001

0

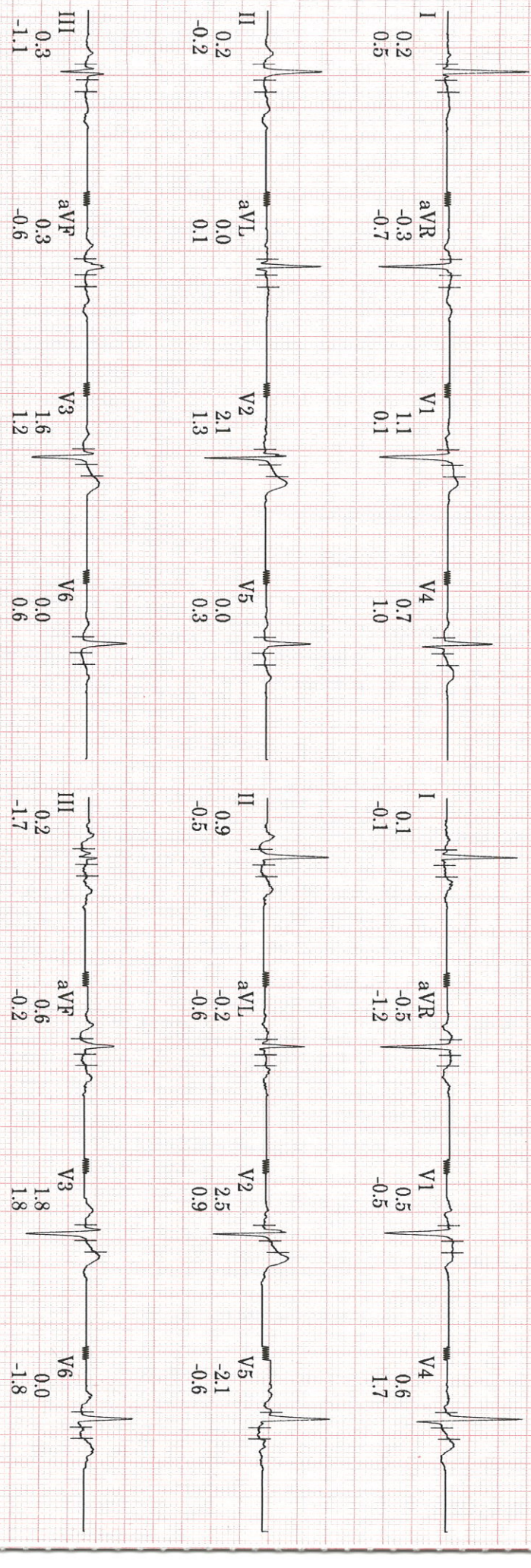
GRADED EXERCISE SUMMARY

BHATT, VIPIN
 ID: 000060396
 51years
 Asian
 Male
 BRUCE
 Max HR: 188bpm/111% of max predicted 169bpm
 Max BP: 150/100
 Total Exercise time: 6:08
 Maximum workload: 7.2METS
 25.0 mm/s
 10.0 mm/mV
 100hz

29-Dec-2023
 12:34:02

Referred by:
 Test ind:

EXERCISE STAGE	HR (bpm)	ST @ 10mm/mV (80ms post J)	Lead	ST(mm)	Slope(mV/s)
BASELINE	117	80ms post J	I	0.2	0.5
			aVR	-0.3	-0.7
			V1	1.1	0.1
			V4	0.7	1.0
			II	0.2	-0.2
			aVL	0.0	0.1
			V2	2.1	1.3
			V5	0.0	0.3
			III	0.3	-1.1
			aVF	0.3	-0.6
			V3	1.6	1.2
			V6	0.0	0.6
EXERCISE STAGE 1	111	80ms post J	I	0.1	-0.1
			aVR	-0.5	-1.2
			V1	0.5	-0.5
			V4	0.6	1.7
			II	0.9	-0.5
			aVL	-0.2	-0.6
			V2	2.5	0.9
			V5	-2.1	-0.6
			III	0.2	-1.7
			aVF	0.6	-0.2
			V3	1.8	1.8
			V6	0.0	-1.8



Technician: APOO.I.O SPECTRA TARDRO MITIRAI Unconfirmed MAC55 009C

BHATT, VIPIN
ID: 000060396

29-Dec-2023
12:34:02

Referred by:
Test ind:

51years

Asian

Male

GRADED EXERCISE SUMMARY

BRUCE
Total Exercise time: 6:08
Max HR: 188bpm 111% of max predicted 169bpm
Maximum workload: 7.2METS
Max BP: 150/100
Reason for Termination: Target HR Achieved
Comments: STRESS TEST IS NEGATIVE.

25.0 mm/s
10.0 mm/mV
100hz

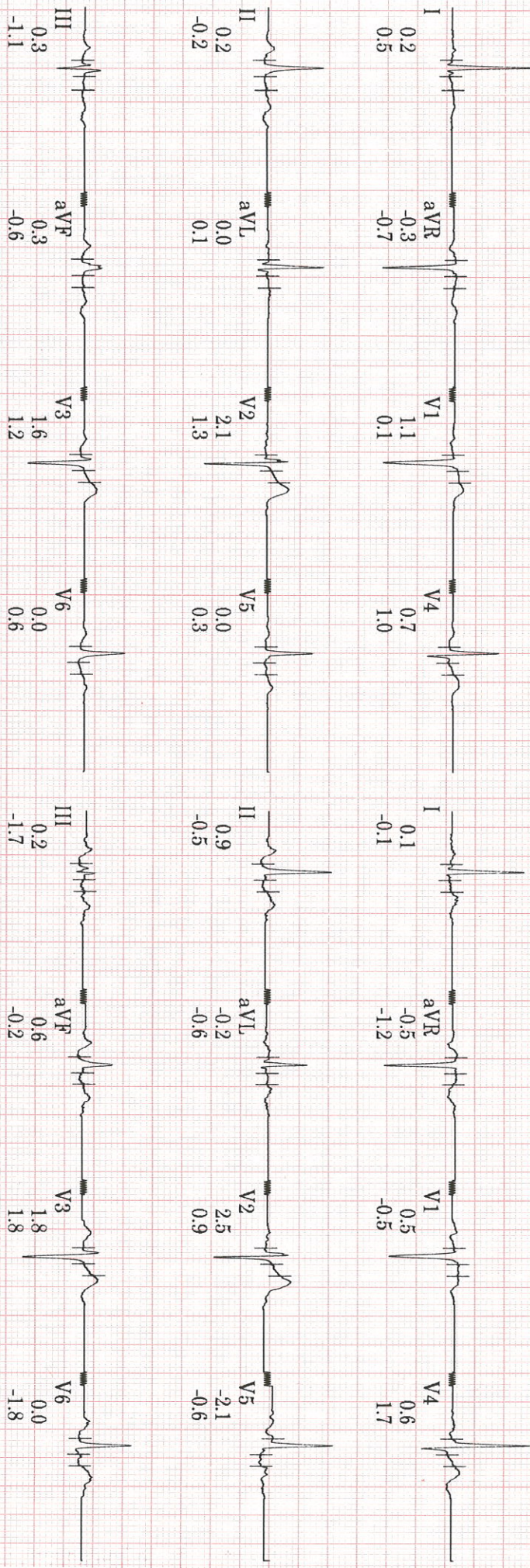
BASELINE
EXERCISE STAGE 1 117bpm
1.4METS
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)

EXERCISE STAGE 1 2:00
4.6METS

MAX ST
111bpm
ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Technician:

APOLLO SPECTRA TARDEO MITTAL

Unconfirmed

MAC55 009C

TABULAR SUMMARY REPORT

BHATT, VIPIN
ID: 000060396

51years

Asian

Male

Total Exercise time: 6:08

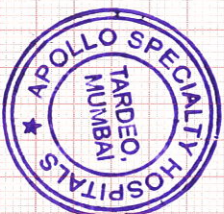
25.0 mm/s
10.0 mm/mV
100hz

29-Dec-2023
12:34:02

BRUCE
Max HR: 188bpm 111% of max predicted 169bpm
Max BP: 150/100
Maximum workload: 7.2METS
Reason for Termination: Target HR Achieved
Comments: STRESS TEST IS NEGATIVE.

Referred by:
Test ind:


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



Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	25:11	***	***	1.0	86	140/90	120
	STANDING	0:16	***	***	1.0	87		
	HYPERVENT	1:34	0.8	0.0	1.4	117		
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	167	150/100	246
	STAGE 2	3:00	2.5	12.0	7.0	164	150/100	263
	STAGE 3	0:08	3.4	14.0	7.2	175	150/100	263
RECOVERY	Post	2:13	***	***	1.0	104	140/90	146

Technician:

APOLLO SPECTRA TARDEO MUMBAI

Unconfirmed

MAC55 009C