

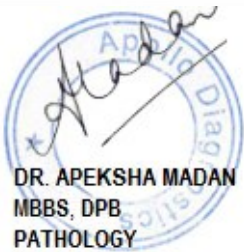
Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA
Age/Gender : 54 Y 8 M 20 D/M
UHID/MR No : STAR.0000059980
Visit ID : STAROPV65374
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 90904

Collected : 06/Dec/2023 08:54AM
Received : 06/Dec/2023 10:56AM
Reported : 06/Dec/2023 01:44PM
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 |
|---|--------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 16 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 48.40 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 5.01 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 96.6 | fL | 83-101 | Calculated |
| MCH | 31.9 | pg | 27-32 | Calculated |
| MCHC | 33.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,000 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 66 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 24 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 03 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 07 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4620 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1680 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 210 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 490 | Cells/cu.mm | 200-1000 | Calculated |
| PLATELET COUNT | 221000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Methodology : Microscopic

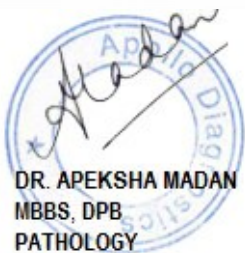
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Parasites : No Haemoparasites seen

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PATHOLOGY



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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically


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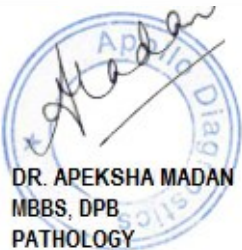
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DEPARTMENT OF HAEMATOLOGY

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 | B | | | 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 | 97 | mg/dL | 70-100 | GOD - POD |

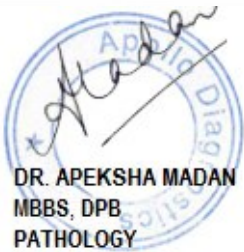
Comment:

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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Collected : 06/Dec/2023 12:59PM
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DEPARTMENT OF BIOCHEMISTRY

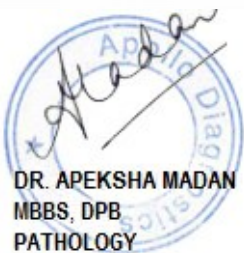
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 106 | 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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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 | 5.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 111 | mg/dL | | Calculated |

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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SIN No:EDT230110395

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DEPARTMENT OF BIOCHEMISTRY

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

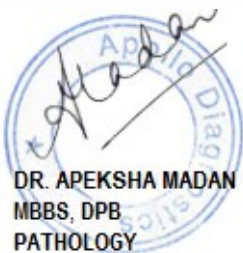
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|--------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 187 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 94 | mg/dL | <150 | |
| HDL CHOLESTEROL | 38 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 149 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 130.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 18.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.92 | | 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 - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|-------|-----------------|-------------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.42 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.21 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.21 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | U/L | 21-72 | UV with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 27.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 119.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 6.00 | g/dL | 6.3-8.2 | BIURET METHOD |
| ALBUMIN | 4.00 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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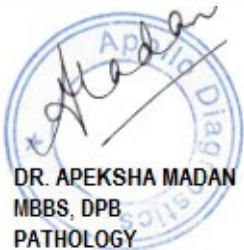
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|--------|-----------------|------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 1.03 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 25.70 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 12.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.20 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.20 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.60 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 142 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|-------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 26.00 | U/L | 15-73 | Glycylglycine Nitoranalide |


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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 |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.98 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.94 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 4.900 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

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

- 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: SPL23175909

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.FAROOK ABDUL SATTAR CHUNAWALA
 Age/Gender : 54 Y 8 M 20 D/M
 UHID/MR No : STAR.0000059980
 Visit ID : STAROPV65374
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 90904

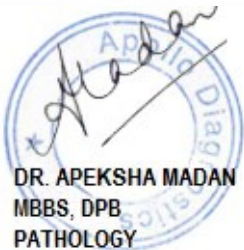
Collected : 06/Dec/2023 08:54AM
 Received : 06/Dec/2023 10:55AM
 Reported : 06/Dec/2023 02:17PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 | 4.590 | ng/mL | 0-4 | ELFA |

Kindly correlate clinically

DR. APEKSHA MADAN
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PATHOLOGY

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Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 90904

Collected : 06/Dec/2023 08:54AM
Received : 06/Dec/2023 01:17PM
Reported : 06/Dec/2023 03:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

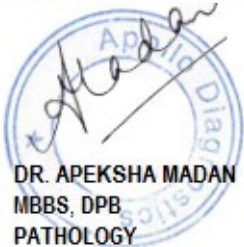
DEPARTMENT OF CLINICAL PATHOLOGY

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 | 1.010 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

*** End Of Report ***

Page 15 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2234993

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

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



बैंक ऑफ बड़ौदा
Bank of Baroda



नाम फारूक अब्दुल सत्तार चुनावाला
Name FAROOK ABDUL SATTAR CHUNAWALA

कर्मचारी फूट नं.
E. C. No. 90904


(P. P. MAHAJAN)

जारीकर्ता अधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder

Apollo Spectra Hospitals

156, Famous Cine Labs, Behind
Everest Building, Tardeo,
Mumbai, Maharashtra 400034



Patient Name: Farook C. Age: 54

Address: Mumbai Date: 6/12/2023

↳
- 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 : 6/12/23
 MRNO : 059980
 Name : Mr. Farook Abdul Sattar
 Age/Gender : 54 M / male
 Mobile No :
 Passport No :
 Aadhar number :

| | | | |
|------------------|-------------------|---------------|-----------------------|
| Pulse : 90/min | B.P : 110/80 mmHg | Resp : 24/min | Temp : (M) |
| Weight : 76.2 kg | Height : 187 cm. | BMI : 21.8 | Waist Circum : 89 cm. |

General Examination / Allergies History

Clinical Diagnosis & Management Plan

LDL 130

- ① Avoid oil / ghee / fried foods
- ② morning walk 45 min daily
- ③ Repeat Lipid after 2 months.
- ④ Fit for Job



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

[Handwritten Signature]
 Doctor Signature

Follow up date:

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

Apollo Specialty Hospitals Pvt. Ltd. (CIN - U85100TG2009PTC099414)
 (Formerly known as Nova Specialty Hospital Pvt. Ltd.)

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

| | |
|---|--|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:56AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 01:44PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

DEPARTMENT OF HAEMATOLOGY

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



TOUCH

| | |
|---|--|
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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 | 16 | g/dL | 13-17 | CYANIDE FREE COLOURIMETER |
| PCV | 48.40 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 5.01 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 96.6 | fL | 83-101 | Calculated |
| MCH | 31.9 | pg | 27-32 | Calculated |
| MCHC | 33.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 7,000 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 66 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 24 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 03 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 07 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4620 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1680 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 210 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 490 | Cells/cu.mm | 200-1000 | Calculated |
| PLATELET COUNT | 221000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 15 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

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



TOUCH YOUR LIFE

| | |
|---|--|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:56AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 02:18PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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



TOUCHING LIVES

| | |
|---|--|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:56AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 12:40PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 | 97 | 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.



| | |
|--|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 12:59PM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 01:17PM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 02:27PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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) | 106 | 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.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 05:10PM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 07:18PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 | 5.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA | 111 | 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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| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:54AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 03:08PM |
| Visit ID : STAROPV65374 | 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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| LIPID PROFILE , SERUM | | | | |
|-----------------------|-------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 187 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 94 | mg/dL | <150 | |
| HDL CHOLESTEROL | 38 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 149 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 130.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 18.8 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 4.92 | | 0-4.97 | Calculated |

Comment:

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

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

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



| | |
|---|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA Age/Gender : 54 Y 8 M 20 D/M UHID/MR No : STAR.0000059980 Visit ID : STAROPV65374 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 90904 | Collected : 06/Dec/2023 08:54AM Received : 06/Dec/2023 05:10PM Reported : 06/Dec/2023 05:54PM 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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
|--|--------|-------|-----------|-------------------------|
| BILIRUBIN, TOTAL | 0.42 | mg/dL | 0.20-1.20 | DIAZO METHOD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.21 | mg/dL | 0.0-0.3 | Calculated |
| BILIRUBIN (INDIRECT) | 0.21 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 23 | U/L | 21-72 | UV with P-5-P |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 27.0 | U/L | 17-59 | UV with P-5-P |
| ALKALINE PHOSPHATASE | 119.00 | U/L | 38-126 | p-nitrophenyl phosphate |
| PROTEIN, TOTAL | 6.00 | g/dL | 6.3-8.2 | BIURET METHOD |
| ALBUMIN | 4.00 | g/dL | 3.5 - 5 | Bromocresol Green |
| GLOBULIN | 2.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 2 | | 0.9-2.0 | Calculated |

Comment:

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

Common patterns seen:

1. Hepatocellular Injury:

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

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

TOUCH

| | |
|--|---|
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| Emp/Auth/TPA ID : 90904 | |

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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|



| | |
|--|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:54AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 02:50PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
|---|--------|--------|-----------------|------------------|
| Test Name | Result | Unit | Bio. Ref. Range | Method |
| CREATININE | 1.03 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 25.70 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 12.0 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.20 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.20 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.60 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 142 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |



TOUCH

| | |
|--|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 05:10PM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 05:54PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 | 26.00 | U/L | 15-73 | Glycylglycine Nitoranalide |



TOUC

| | |
|---|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA Age/Gender : 54 Y 8 M 20 D/M UHID/MR No : STAR.0000059980 Visit ID : STAROPV65374 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 90904 | Collected : 06/Dec/2023 08:54AM Received : 06/Dec/2023 10:55AM Reported : 06/Dec/2023 12:04PM 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 |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
|---|-------|--------|-----------|------|
| TRI-iodothyronine (T3, TOTAL) | 0.98 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 7.94 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 4.900 | µIU/mL | 0.25-5.0 | ELFA |

Comment:

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

- 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 |



| | |
|--|---|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 10:55AM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 02:17PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 | 4.590 | ng/mL | 0-4 | ELFA |
| Kindly correlate clinically | | | | |



TOUC

| | |
|---|--|
| Patient Name : Mr.FAROOK ABDUL SATTAR CHUNAWALA | Collected : 06/Dec/2023 08:54AM |
| Age/Gender : 54 Y 8 M 20 D/M | Received : 06/Dec/2023 01:17PM |
| UHID/MR No : STAR.0000059980 | Reported : 06/Dec/2023 03:44PM |
| Visit ID : STAROPV65374 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 90904 | |

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 | 1.010 | | 1.002-1.030 | Dipstick |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NEGATIVE | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | AZO COUPLING |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | NITROPRUSSIDE |
| UROBILINOGEN | NORMAL | | NORMAL | EHRlich |
| BLOOD | NEGATIVE | | NEGATIVE | Dipstick |
| NITRITE | NEGATIVE | | NEGATIVE | Dipstick |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | PYRROLE HYDROLYSIS |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 0-1 | /hpf | <10 | MICROSCOPY |
| RBC | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

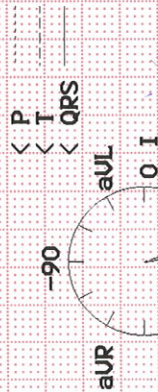


Dr.Sandip Kumar Banerjee
M.B.B.S,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



Measurement Results:

QRS : 94 ms
 QT/QTcB : 366 / 447 ms
 PR : 142 ms
 P : 106 ms
 RR/PP : 664 / 665 ms
 P/QRS/T : 79 / 80 / 68 degrees



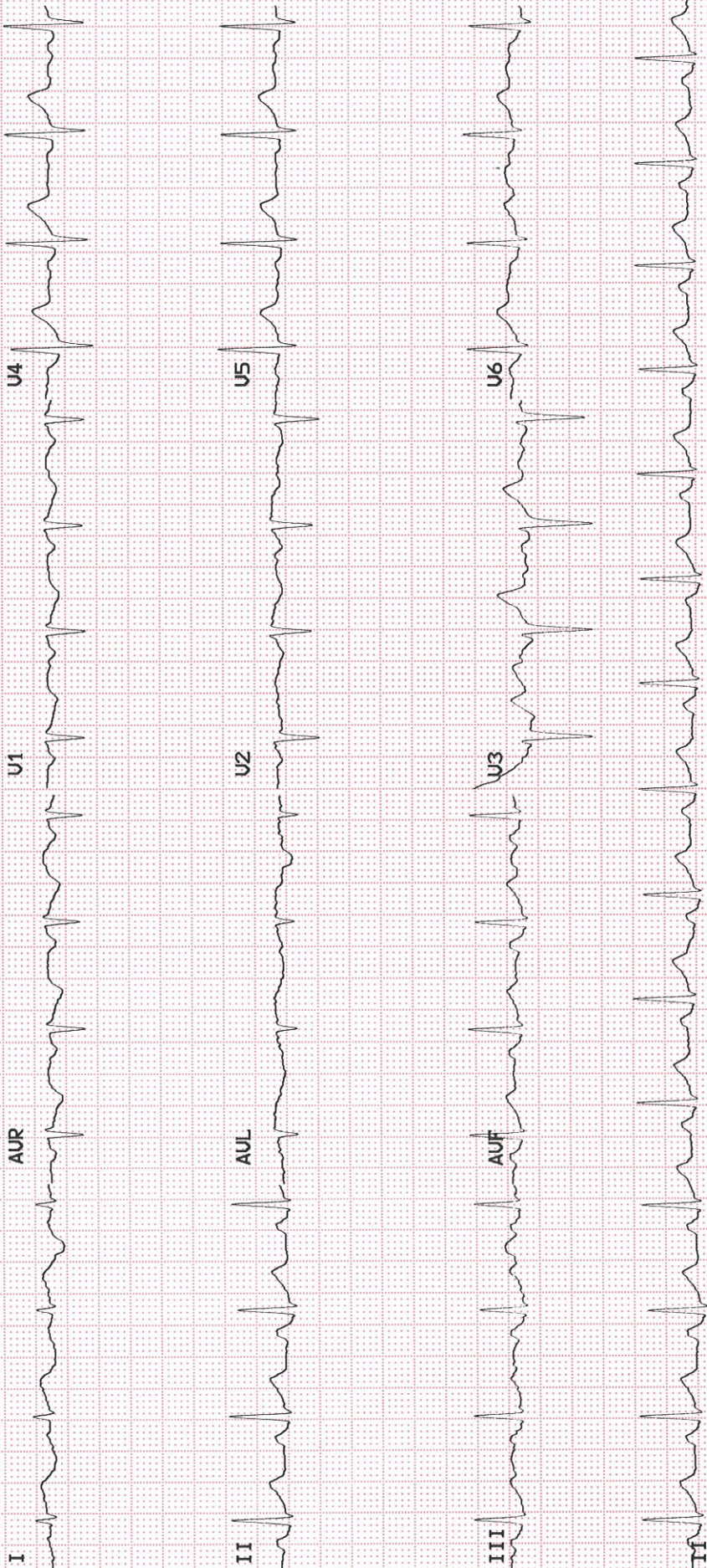
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Possible Left atrial enlargement
 Borderline ECG

Sample RB



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

Unconfirmed report.



6/12/23

Patient Name : Mr. Farook Abdul Sattar Chunawala Age : 54 Y M
UHID : STAR.0000059980 OP Visit No : STAROPV65374
Reported on : 06-12-2023 10:59 Printed on : 06-12-2023 11:02
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Fibrotic scar seen in situ in right upical region.

Rest of the lungs fields are clear.

Cardiac size and configuration are within normal limits.

Pleural cavities are clear.

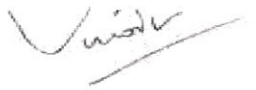
Domes of diaphragm are smooth in outline.

Bony thorax is normal.

IMPRESSION:- Right upical old fibrotic scar.

Printed on:06-12-2023 10:59

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Farook Chunawala
Age : 54 Year(s)

Date : 06/12/2023
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.Farook Chunawala
Age : 54 Year(s)

Date : 06/12/2023
Sex : Male
Visit Type : OPD

Dimension:

| | |
|----------|--------------|
| EF Slope | 90mm/sec |
| EPSS | 04mm |
| LA | 27mm |
| AO | 33mm |
| LVID (d) | 35mm |
| LVID(s) | 21mm |
| IVS (d) | 11mm |
| LVPW (d) | 11mm |
| LVEF | 60% (visual) |


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

Patient Name : MR.FAROOK CHUNAWALA
Ref. By : HEALTHCHECKUP

Date : 06-12-2023
Age : 54 years

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.9 x 4.6 cms and the **LEFT KIDNEY** measures 10.4 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 3.2 x 2.7 x 2.5 cms and weighs 11.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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


IMPRESSION : Normal Ultrasound examination of the Abdomen and Pelvis.


Report with compliments.


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

Name: Mr Farook A. S. Chunnawala
Age: 54yrs / M

- For Health Check Up
- Offers no complaints

O/E - Ears -

R L
B/L TM intact, mobile

Nose -

Mild deviation of
Septum to (L)
rhinosa (2)

Throat - NAD

Imp: ENT - NAD



MAJ. (DR.) SHRUTI ANIL SHARMA
M.S. (ENT) PGD HHM. PG DMLS
M.C. 2019096177

EYE REPORT

Name: Mr. Karode Anandsh

Date: 06/12/2023

Age / Sex: 54y/M

Ref No.:

Complaint: No ocular do
No w/o SS/NA

(B0) Cat to eye - in 2nd

Examination

Spectacle Rx: U_R 6/6P
U_L 6/6

Near U_R & U_L

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

Remarks: Cataract in R eye

Medications: AS & M

| Trade Name | Frequency | Duration |
|------------|-----------|----------|
| | | |
| | | |
| | | |

Follow up: 1 month & M

Consultant:

Farook. A. Churavala.
59/17.

DIETARY GUIDELINES FOR HIGH POTIEN 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 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. |
| 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. |

IMPROVE PROTEIN INTAKE:

Use cereal-pulse combination in daily meal routine.

For example: Idli, dosa, uttapam, handwa, thalipith, amboli etc

Add roasted soybeans in wheat to make flour for chapatti.

Add soya chunks in the gravy vegetables or biryani

Have sprouts in the form of subji, chat, soups etc.

Have different kinds of porridges & khirs, which is a cereals-milk combination

Have different kinds of fruit milkshakes. Have at least 2 servings of milk & milk products like, curd, buttermilk, lassi, paneer, cheese etc.

If non-vegetarian, can have 2 egg whites daily.

If non-vegetarian, can have 1-2 pieces of fish/ chicken gravy preparation twice a week. (Avoid fried preparations)

FOODS TO AVOID:

Maida, white bread, bakery products like, cakes, pastry, nankhatai, khari, butter, toast, pav

Fried sev, fafda, fried moong, fried dals, farsan

Cream, butter, concentrated milk sweets, condensed milk Fruit juice, Carbonated beverages (soft drinks), alcohol, excess amount of tea & coffee

Margarine, mayonnaise, hydrogenated fats like, dalda salted butter

Processed & preserved food items, ready-to-eat items and fast food.

Papad, pickle, chutneys

Mutton, beef, pork, sausages, organ meat (kidney, brain, liver).

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

MR Farook Abdul Sattar
 ID 059980
 Age 54

Height 187cm | Date 6.12.2023
 Gender Male | Time 09:06:29

APOLLO SPECTRA HOSPITAL

Body Composition

| | Under | Normal | Over | UNIT% | Normal Range |
|-------------------------------------|-----------------------|-----------------|--|-------|--------------|
| Weight | 40 55 70 85 | 100 115 130 145 | 160 175 190 205 | | 65.4 ~ 88.5 |
| Muscle Mass Skeletal Muscle Mass | 60 70 80 90 | 100 110 120 130 | 140 150 160 170 | | 33.2 ~ 40.6 |
| Body Fat Mass | 20 40 60 80 | 100 160 220 280 | 340 400 460 520 | | 9.2 ~ 18.5 |
| TBW Total Body Water | 44.0 kg (43.3 ~ 52.9) | | FFM Fat Free Mass 59.9 kg (56.2 ~ 70.0) | | |
| Protein | 11.8 kg (11.6 ~ 14.2) | | Mineral* 4.08 kg (4.00 ~ 4.89) | | |

* Mineral is estimated.

Segmental Lean

| | Lean Mass Evaluation |
|----------------------------|----------------------|
| 3.5 kg Normal | 3.7 kg Normal |
| Trunk 28.2 kg Normal | |
| 9.9 kg Normal | 9.9 kg Normal |

Obesity Diagnosis

| | Value | Normal Range |
|---|-------|--------------|
| BMI Body Mass Index (kg/m ²) | 21.8 | 18.5 ~ 25.0 |
| PBF Percent Body Fat (%) | 21.4 | 10.0 ~ 20.0 |
| WHR Waist-Hip Ratio | 0.99 | 0.80 ~ 0.90 |
| BMR Basal Metabolic Rate (kcal) | 1663 | 1629 ~ 1909 |

Nutritional Evaluation

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

Weight Management

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

Obesity Diagnosis

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

Segmental Fat

| | PBF Fat Mass Evaluation |
|----------------------------------|---------------------------|
| 19.3% 0.9 kg Normal | 17.0% 0.8 kg Normal |
| Trunk 23.1% 8.9 kg Over | |
| 17.7% 2.3 kg Normal | 17.9% 2.3 kg Normal |

* Segmental Fat is estimated.

Muscle-Fat Control

| | | |
|-------------------------|----------------------|------------------|
| Muscle Control + 5.5 kg | Fat Control - 4.8 kg | Fitness Score 70 |
|-------------------------|----------------------|------------------|

Impedance

| Z | RA | LA | TR | RL | LL |
|--------|-------|-------|------|-------|-------|
| 20kHz | 328.3 | 354.1 | 28.1 | 329.0 | 319.0 |
| 100kHz | 295.5 | 317.9 | 24.2 | 295.9 | 289.3 |

* 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: 76.2 kg / Duration: 30min. / unit: kcal) | | | | | | |
|--|-----------------------------------|-------------------------------------|-----------------------------------|------------------------------|---|--|
| Walking 152 | Jogging 267 | Bicycle 229 | Swim 267 | Mountain Climbing 248 | Aerobic 267 | |
| Table tennis 172 | Tennis 229 | Football 267 | Oriental Fencing 381 | Gate ball 145 | Badminton 172 | |
| Racket ball 381 | Tae-kwon-do 381 | Squash 381 | Basketball 229 | Rope jumping 267 | Golf 134 | |
| 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

2200 kcal

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

| | | | |
|----------------------------|-------------------------------------|--------------------|--------------------|
| Patient Name | : Mr. Farook Abdul Sattar Chunawala | Age/Gender | : 54 Y/M |
| UHID/MR No. | : STAR.0000059980 | OP Visit No | : STAROPV65374 |
| Sample Collected on | : | Reported on | : 06-12-2023 12:08 |
| LRN# | : RAD2170055 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 90904 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 10.9 x 4.6 cms and the **LEFT KIDNEY** measures 10.4 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 3.2 x 2.7 x 2.5 cms and weighs 11.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

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

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

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**



Dr. VINOD SHETTY
Radiology

| | | | |
|----------------------------|-------------------------------------|--------------------|--------------------|
| Patient Name | : Mr. Farook Abdul Sattar Chunawala | Age/Gender | : 54 Y/M |
| UHID/MR No. | : STAR.0000059980 | OP Visit No | : STAROPV65374 |
| Sample Collected on | : | Reported on | : 06-12-2023 11:02 |
| LRN# | : RAD2170055 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : 90904 | | |

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Fibrotic scar seen in situ in right upical region.

Rest of the lungs fields are clear.

Cardiac size and configuration are within normal limits.

Pleural cavities are clear.

Domes of diaphragm are smooth in outline.

Bony thorax is normal.

IMPRESSION:- Right upical old fibrotic scar.



Dr. VINOD SHETTY
Radiology