

Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

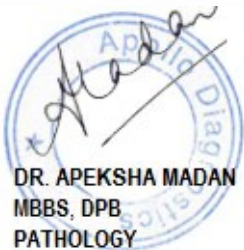
WBC : Normal in number, morphology and distribution. No abnormal cells seen

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

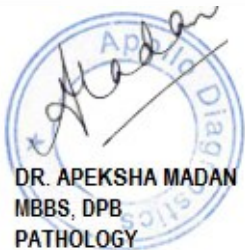
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	44.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	26.3	pg	27-32	Calculated
MCHC	30.8	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,560	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	71	%	40-80	Electrical Impedance
LYMPHOCYTES	21	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7497.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2217.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	211.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	633.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.38		0.78- 3.53	Calculated
PLATELET COUNT	277000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 15



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MBBS, DPB
PATHOLOGY



SIN No:BED240078794

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CIN- U85100TG2009PTC099414

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Begumpet, Hyderabad, Telangana - 500016

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DEPARTMENT OF HAEMATOLOGY

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


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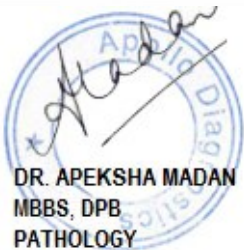


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Age/Gender : 56 Y 2 M 20 D/M	Received : 23/Mar/2024 12:05PM
UHID/MR No : STAR.0000062161	Reported : 23/Mar/2024 03:10PM
Visit ID : STAROPV68475	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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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Patient Name : Mr.RAJENDRA B CHANDE	Collected : 23/Mar/2024 06:12PM
Age/Gender : 56 Y 2 M 20 DM	Received : 23/Mar/2024 06:38PM
UHID/MR No : STAR.0000062161	Reported : 23/Mar/2024 08:04PM
Visit ID : STAROPV68475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9326036391	

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

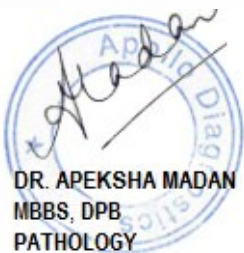
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	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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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	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



Dr. Pratibha Kadam
M.B.B.S, M.D (Pathology)
Consultant Pathologist



SIN No: EDT240035960

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	
HDL CHOLESTEROL	34			
NON-HDL CHOLESTEROL	139			
LDL CHOLESTEROL	105.2			
VLDL CHOLESTEROL	33.8			
CHOL / HDL RATIO	5.09			
ATHEROGENIC INDEX (AIP)	0.34			

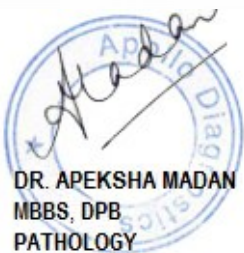
Comment:

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

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

Note:

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



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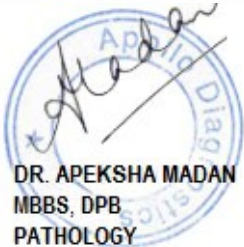
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DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	104.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment:

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



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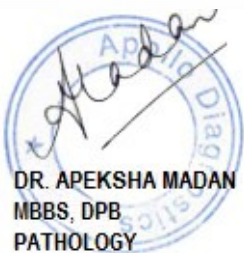
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.94	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	34.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.3	mg/dL	9.0-20.0	Urease
URIC ACID	8.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	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	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			Calculated



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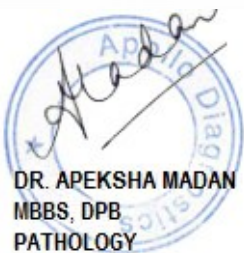
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method

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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)	1.56	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<0.05	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

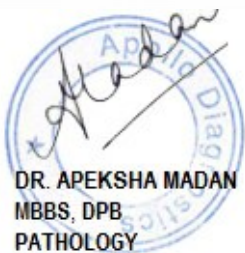
Comment:

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

- 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

Page 12 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No: SPL24052696

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 RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

Address:


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

Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
Received : 23/Mar/2024 09:45AM
Reported : 23/Mar/2024 11:20AM
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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

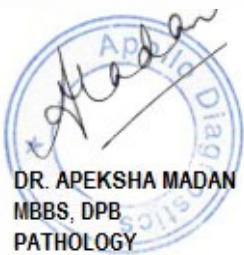


Patient Name : Mr.RAJENDRA B CHANDE	Collected : 23/Mar/2024 08:15AM
Age/Gender : 56 Y 2 M 20 D/M	Received : 23/Mar/2024 09:45AM
UHID/MR No : STAR.0000062161	Reported : 23/Mar/2024 04:25PM
Visit ID : STAROPV68475	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9326036391	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.550	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

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Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
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Reported : 23/Mar/2024 05:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

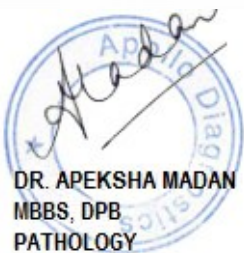
DEPARTMENT OF CLINICAL PATHOLOGY

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	6.5		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
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:UR2313199

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 RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

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

Date : 23/3/2024
 MRNO : 62161
 Name : MR. Rajendra Chande
 Age/Gender : 56 yrs / Male
 Mobile No :
 Passport No :
 Aadhar number :

OUT- PATIENT RECORD

Pulse : 62/mio	B.P : 150/90	Resp : 22/mio	Temp : (N)
Weight : 105.3	Height : 168	BMI : 37.3	Waist Circum : 110 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

UA 8.30 JG T.
 1) Avoid oil / ghee / High, processed diet.
 2) Morning walk 45 min daily
 3) Repeat UA JG after 2 months
 Physically fit



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

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

TOUCHING LIVES
Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

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Received : 23/Mar/2024 12:05PM
Reported : 23/Mar/2024 02:21PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic

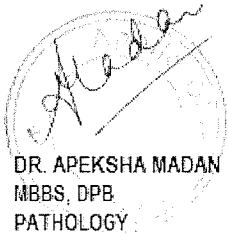
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240078794

Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY

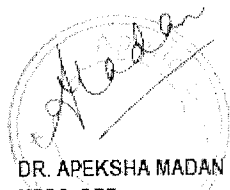
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	44.50	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.22	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85.2	fL	83-101	Calculated
MCH	26.3	pg	27-32	Calculated
MCHC	30.8	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,560	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYtic COUNT (DLC)				
NEUTROPHILS	71	%	40-80	Electrical Impedance
LYMPHOCYTES	21	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	7497.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2217.6	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	211.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	633.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.38		0.78- 3.53	Calculated
PLATELET COUNT	277000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

Methodology : Microscopic

RBC : Normocytic normochromic



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240078794



TOUCHING LIVES

Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
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DEPARTMENT OF HAEMATOLOGY

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

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

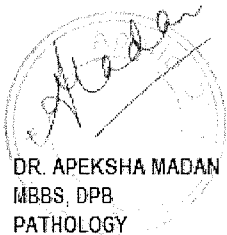
Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 3 of 15



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



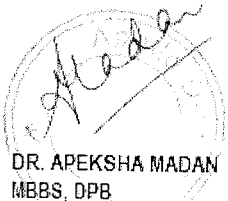
SIN No:BED240078794

TOU...
 Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
 UHID/MR No : STAR.0000062161
 Visit ID : STAROPV68475
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
 Received : 23/Mar/2024 12:05PM
 Reported : 23/Mar/2024 03:10PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:BED240078794

TOUP Patient Name / ES	: Mr.RAJENDRA B CHANDE	Collected	: 23/Mar/2024 06:12PM
Age/Gender	: 56 Y 2 M 20 D/M	Received	: 23/Mar/2024 06:38PM
UHID/MR No	: STAR.0000062161	Reported	: 23/Mar/2024 08:04PM
Visit ID	: STAROPV68475	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9326036391		

DEPARTMENT OF BIOCHEMISTRY

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

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

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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


Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	117	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:PLP1436806

TO UPLIFTING LIVES

Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
 UHID/MR No : STAR.0000062161
 Visit ID : STAROPV68475
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 Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
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 Reported : 23/Mar/2024 05:03PM
 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
HBA1C (GLYCATED HEMOGLOBIN), WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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




Dr. Pratibha Kadam
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

SIN No: EDT240035960

Patient Name : Mr.RAJENDRA B CHANDE
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Visit ID : STAROPV68475
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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	173	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	169	mg/dL	<150	
HDL CHOLESTEROL	34			
NON-HDL CHOLESTEROL	139			
LDL CHOLESTEROL	105.2			
VLDL CHOLESTEROL	33.8			
CHOL / HDL RATIO	5.09			
ATHEROGENIC INDEX (AIP)	0.34			

Comment:

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

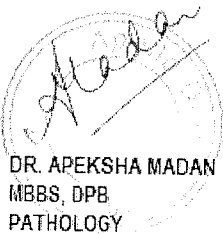
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)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

Note:

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

Page 7 of 15




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04671878

Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
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DEPARTMENT OF BIOCHEMISTRY

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

eligibility of drug therapy.

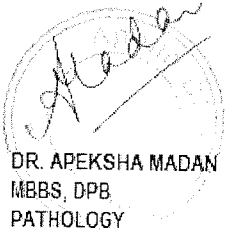
4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04671878

TOUSHING LIVES
 Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL		
ALANINE AMINOTRANSFERASE (ALT/SGPT)	19	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	104.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			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:

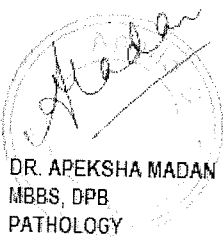
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • 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.




DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04671878

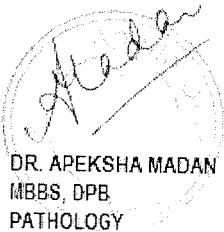
Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
Received : 23/Mar/2024 12:47PM
Reported : 23/Mar/2024 04:25PM
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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.94	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	34.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.3	mg/dL	9.0-20.0	Urease
URIC ACID	8.30	mg/dL	4.0-7.0	URICASE
CALCIUM	9.30	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	3.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.50	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL		Calculated
A/G RATIO	1.67			Calculated

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04671878



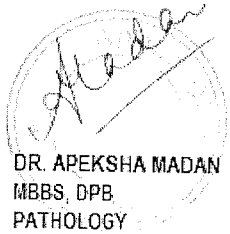
Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
 UHID/MR No : STAR.0000062161
 Visit ID : STAROPV68475
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Collected : 23/Mar/2024 08:15AM
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), <i>SERUM</i>	20.00	U/L	16-73	Glycylglycine Kinetic method


 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04671878

Page 11 of 15



Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
Received : 23/Mar/2024 09:45AM
Reported : 23/Mar/2024 11:20AM
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)	1.56	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.41	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	<0.05	µIU/mL	0.25-5.0	ELFA

Kindly correlate clinically

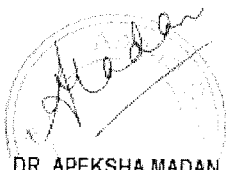
Comment:

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




DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No: SPL24052696

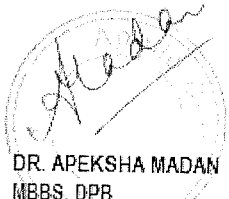


Patient Name : Mr.RAJENDRA B CHANDE
Age/Gender : 56 Y 2 M 20 D/M
UHID/MR No : STAR.0000062161
Visit ID : STAROPV68475
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
Received : 23/Mar/2024 09:45AM
Reported : 23/Mar/2024 11:20AM
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


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SPL24052696

Page 13 of 15



TOUCHING LIVES

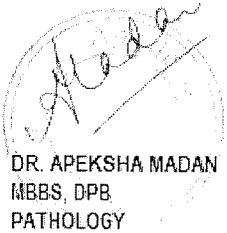
Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
 UHID/MR No : STAR.0000062161
 Visit ID : STAROPV68475
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
 Received : 23/Mar/2024 09:45AM
 Reported : 23/Mar/2024 04:25PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.550	ng/mL	0-4	ELFA

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SPL24052696

Patient Name : Mr.RAJENDRA B CHANDE
 Age/Gender : 56 Y 2 M 20 D/M
 UHID/MR No : STAR.0000062161
 Visit ID : STAROPV68475
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9326036391

Collected : 23/Mar/2024 08:15AM
 Received : 23/Mar/2024 03:30PM
 Reported : 23/Mar/2024 05:53PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

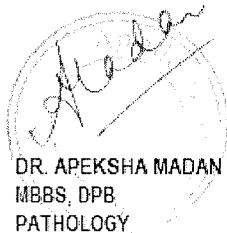
DEPARTMENT OF CLINICAL PATHOLOGY

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	6.5		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
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:UR2313199

Measurement Results:

QRS : 102 ms

QT/QTcB : 428 / 434 ms

PR : 142 ms

P : 114 ms

RR/PP : 972 / 965 ms

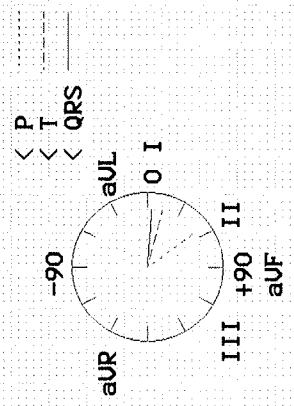
P/QRS/T : 53/ 5/ 15 degrees

Interpretation:

12SL - Interpretation:

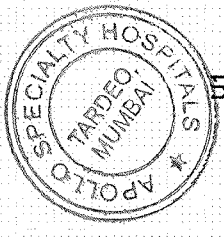
Normal sinus rhythm

Normal ECG

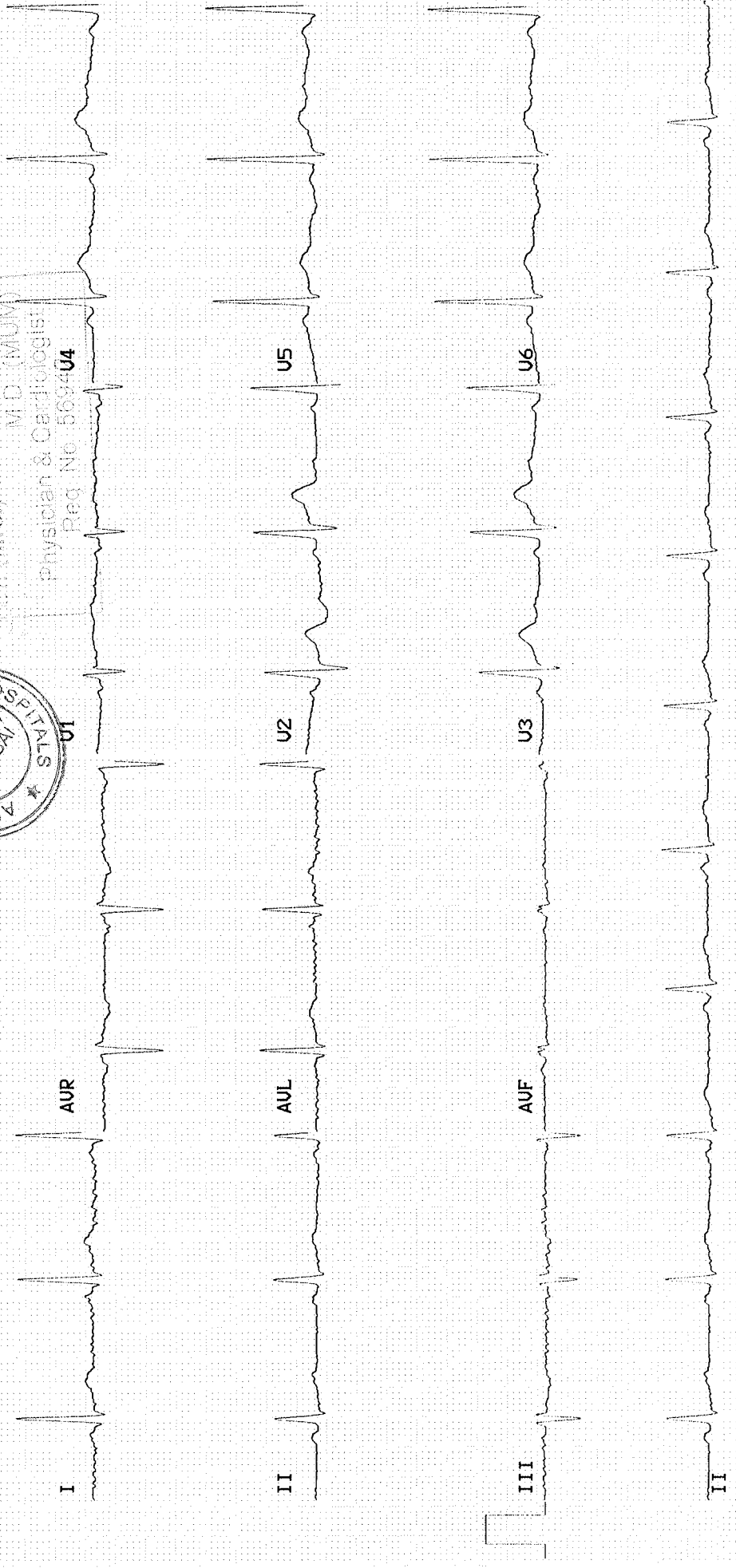


Normal limits

[Signature]



Dr. (Mrs.) CHHAYA D. V. Unconfirmed report.
M.D. (MUM)
Physician & Cardiologist
Reg. No. 569404



Patient Name : Mr. Rajendra B Chande Age : 56 Y M
UHID : STAR.0000062161 OP Visit No : STAROPV68475
Reported on : 25-03-2024 10:20 Printed on : 25-03-2024 10:21
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:25-03-2024 10:20

---End of the Report---



Dr. VINOD SHETTY
Radiology

Patient Name : MR. RAJENDRA CHANDE
Ref. By : HEALTH CHECK UP

Date : 23-03-2024
Age : 56 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 11.3 x 4.8 cms and the **LEFT KIDNEY** measures 11.6 x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There no evidence of hydronephrosis or calculi seen on either side. **A simple cortical cyst measuring 4.3 x 3.9cms is seen in the mid pole of left kidney.**

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

PROSTATE : The prostate measures 3.7 x 2.9 x 2.6 cms and weighs 14.9 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 and a simple cortical cyst measuring 4.3 x 3.9cms is seen in the mid pole of left kidney.
No other significant abnormality is detected.

Report with compliments.


DR. VINOD V. SHETTY

MD, D.M.R.C.
Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com
CONSULTANT SONOLOGIST.

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. Rajendra B. Chande
Age : 56 Year(s)

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

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
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

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

Name : Mr. Rajendra B. Chande
Age : 56 Year(s)

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

Dimension:

EF Slope	76mm/sec
EPSS	04mm
LA	37mm
AO	38mm
LVID (d)	52mm
LVID(s)	25mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

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23/5/24

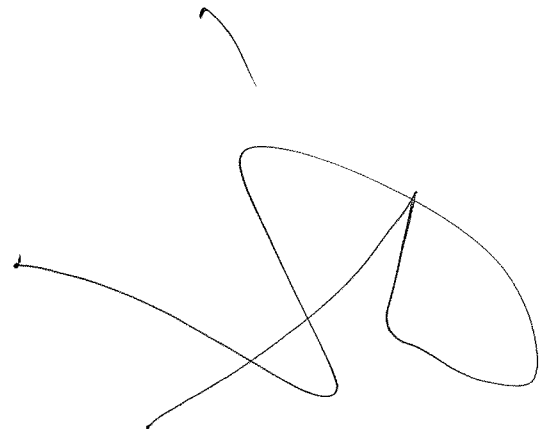
S/B Dr. Mitul C. Bhatt (ENT)

Mr. Rajendra C. M/56 yrs

Pt. for ENT Check up.

Ear → TBC TM intact. R + +
L + +
W →

Nose → } WNL
Throat → }



EYE REPORT

Name: *Rajendra Chand*

Date: *23/3/24*

Age / Sex: *56/M.*

Ref No.:

Complaint: *Using glasses only for near (not carried)*

Examination

Aut. Seg: wnc
UCRR 0.75:1 FR +
0.7:1

Spectacle Rx *Vn 6/6, N12*
(u.A)

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance	<i>6/6</i>	<i>—</i>	<i>Plano</i>	<i>—</i>	<i>6/6^(st)</i>	<i>—</i>	<i>Plano</i>	<i>—</i>
Read	<i>N6</i>	<i>+2.25</i>	<i>—</i>	<i>—</i>	<i>N6</i>	<i>+2.25</i>	<i>—</i>	<i>—</i>

Remarks:

Medications:

Trade Name	Frequency	Duration

Follow up:



Consultant:

Dr. Nusrat J. Bakhari (Mistry)
M.D., D.O.M.S. (GOLD MEDALIST)
Reg. No. 2032/10/2914
Mob:- 8850 1858 73

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

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Walking briskly is a good form of exercise, yoga, gym, cycling, and swimming.

Keep yourself hydrating by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable s`oups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

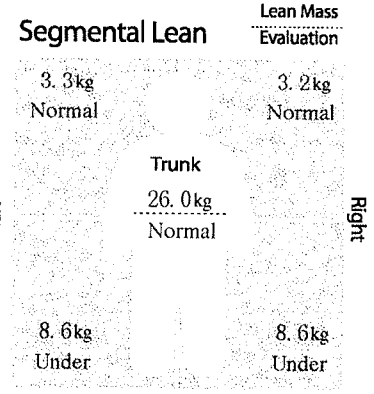
FOOD GROUPS	FOOD ITEMS
Cereals	Whole Wheat and Wheat product like daliya, rava ,bajara, jowar, ragi, oats, nachni etc.
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

ID 0 *Rojendra Chandra* | Height 168cm | Date 23. 3. 2024 | APOLLO SPECTRA HOSPITAL
 Age 56 | Gender Male | Time 09:09:04

Body Composition

	Value	Normal	Over	UNIT	Normal Range
Weight	105.3 kg	52.8 ~ 71.4		kg	52.8 ~ 71.4
Muscle Mass Skeletal Muscle Mass	30.9 kg	26.4 ~ 32.3		kg	26.4 ~ 32.3
Body Fat Mass	49.6 kg	7.5 ~ 14.9		kg	7.5 ~ 14.9
TBW Total Body Water	40.9 kg (34.9 ~ 42.7)			kg	
F F M Fat Free Mass	55.7 kg (45.3 ~ 56.5)			kg	
Protein	10.9 kg (9.4 ~ 11.4)			kg	
Mineral*	3.88 kg (3.23 ~ 3.95)			kg	

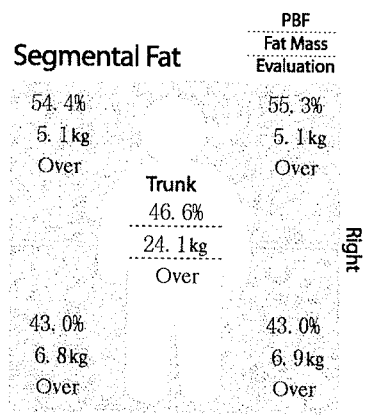
* Mineral is estimated.



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	37.3	18.5 ~ 25.0
PBF Percent Body Fat (%)	47.1	10.0 ~ 20.0
WHR Waist-Hip Ratio	1.06	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1573	2110 ~ 2497

Nutritional Evaluation	
Protein	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive
Weight Management	
Weight	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input checked="" type="checkbox"/> Over
Obesity Diagnosis	
BMI	<input type="checkbox"/> Normal <input type="checkbox"/> Under <input type="checkbox"/> Over <input checked="" 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 is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 39.8 kg	Fitness Score	43
----------------	--------	-------------	-----------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20kHz	319.5	298.2	21.7	220.7	219.8
100kHz	289.7	269.7	19.0	201.8	199.4

* 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: 105.3 kg / Duration: 30min. / unit: kcal)											
Walking	211	Jogging	369	Bicycle	316	Swim	369	Mountain Climbing	343	Aerobic	369
Table tennis	238	Tennis	316	Football	369	Oriental Fencing	527	Gate ball	200	Badminton	238
Racket ball	527	Tae-kwon-do	527	Squash	527	Basketball	316	Rope jumping	369	Golf	185
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**
 - Choose practicable and preferable activities from the left.
 - Choose exercises that you are going to do for 7 days.
 - Calculate the total energy expenditure for a week.
 - Estimate expected total weight loss for a month using the formula shown below.
- Recommended calorie intake per day**

1600	kcal
------	------

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

ictm.serbom

From: shweta chande <shwetachande2474@gmail.com>
Sent: 22 March 2024 11:19
To: ictm.serbom
Subject: Fwd: Health Check up Booking Confirmed Request(bobS14727),Package Code-
PKG10000367, Beneficiary Code-295911

You don't often get email from shwetachande2474@gmail.com. [Learn why this is important](#)

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.

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From: Mediwheel <wellness@mediwheel.in>

Date: Thu, Mar 14, 2024, 18:16

Subject: Health Check up Booking Confirmed Request(bobS14727),Package Code-PKG10000367, Beneficiary Code-295911

To: <shwetachande2474@gmail.com>

Cc: <customercare@mediwheel.in>



011-41195959

Dear **Shweta Rajendra Chande**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male

Patient Package Name : Mediwheel Full Body Health Checkup Male Above 40

Name of Diagnostic/Hospital : Apollo Spectra - Tardeo

Address of Diagnostic/Hospital- : Famous Cine Labs,156, Pt.M.M.Malviya Raod,Tardeo,Mumbai
- 400034

City : Mumbai

State :

Patient Name : Mr. Rajendra B Chande

Age/Gender : 56 Y/M

UHID/MR No. : STAR.0000062161

OP Visit No : STAROPV68475

Sample Collected on :

Reported on : 25-03-2024 10:21

LRN# : RAD2277744

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9326036391

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

Patient Name : Mr. Rajendra B Chande

Age/Gender : 56 Y/M

UHID/MR No. : STAR.0000062161

OP Visit No : STAROPV68475

Sample Collected on :

Reported on : 23-03-2024 15:21

LRN# : RAD2277744

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9326036391

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 11.3 x 4.8 cms and the **LEFT KIDNEY** measures 11.6 x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There no evidence of hydronephrosis or calculi seen on either side. **A simple cortical cyst measuring 4.3 x 3.9cms is seen in the mid pole of left kidney.**

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

PROSTATE : The prostate measures 3.7 x 2.9 x 2.6 cms and weighs 14.9 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. and a simple cortical cyst measuring 4.3 x 3.9cms is seen in the mid pole of left kidney. No other significant abnormality is detected.



Dr. VINOD SHETTY
Radiology



भारत सरकार

GOVERNMENT OF INDIA



राजेंद्र बाबाजी चंदि

Rajendra Babaji Chande

जन्म तारीख/ DOB: 03/01/1968

पुरुष / MALE



5773 5605 0301

आयुक्त सहाय्य माणसाचा अधिकार