

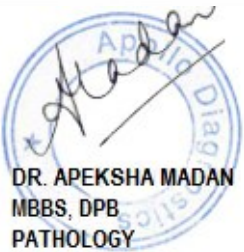
Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:29AM  
Reported : 09/Dec/2023 12:54PM  
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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:29AM  
Reported : 09/Dec/2023 12:54PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,660	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3169.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1924.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	339.6	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	256000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	02	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

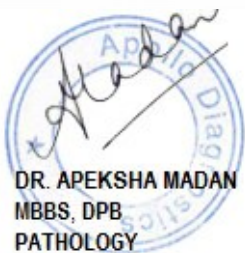
RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 15



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



SIN No:BED230303972

**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.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:29AM  
Reported : 09/Dec/2023 12:54PM  
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**

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

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



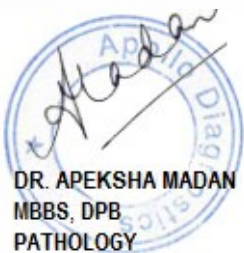
Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
 Age/Gender : 56 Y 2 M 2 D/M  
 UHID/MR No : STAR.0000052263  
 Visit ID : STAROPV65490  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
 Received : 09/Dec/2023 11:29AM  
 Reported : 09/Dec/2023 12:54PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			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:BED230303972

**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.FAKIR MOHAMMED FAROOQUE TAI  
 Age/Gender : 56 Y 2 M 2 D/M  
 UHID/MR No : STAR.0000052263  
 Visit ID : STAROPV65490  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
 Received : 09/Dec/2023 11:14AM  
 Reported : 09/Dec/2023 12:00PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	98	mg/dL	70-100	GOD - POD

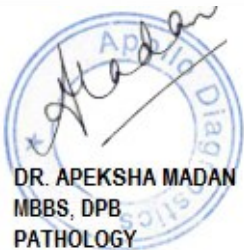
**Comment:**

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.



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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
 Age/Gender : 56 Y 2 M 2 D/M  
 UHID/MR No : STAR.0000052263  
 Visit ID : STAROPV65490  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 01:06PM  
 Received : 09/Dec/2023 01:30PM  
 Reported : 09/Dec/2023 02:01PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

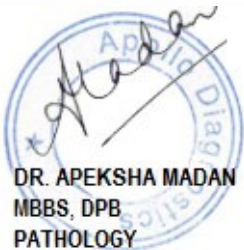
**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	115	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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 04:33PM  
Reported : 10/Dec/2023 10:37AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	85	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: EDT230111846

**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.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:37AM  
Reported : 09/Dec/2023 01:35PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

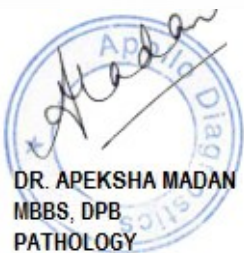
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	185	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	56	mg/dL	<150	
HDL CHOLESTEROL	51	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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.



SIN No:SE04564442

**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.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 04:33PM  
Reported : 09/Dec/2023 08:47PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0-0.19	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>16.2</b>	U/L	21-72	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	17-59	IFCC
ALKALINE PHOSPHATASE	84.60	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.

Page 9 of 15



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



SIN No:BI17301157

**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.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 04:33PM  
Reported : 09/Dec/2023 08:47PM  
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**

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

SIN No:BI17301157



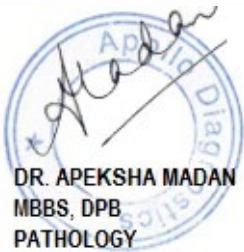
Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:37AM  
Reported : 09/Dec/2023 01:35PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	33.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.30</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 04:33PM  
Reported : 09/Dec/2023 09:30PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.40	U/L	0-54.99	IFCC



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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:32AM  
Reported : 09/Dec/2023 01:48PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.690	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: SPL23178248

**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

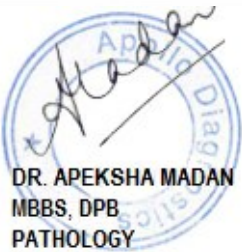
Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 11:32AM  
Reported : 09/Dec/2023 03:20PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.790	ng/mL	0-4	ELFA



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI  
Age/Gender : 56 Y 2 M 2 D/M  
UHID/MR No : STAR.0000052263  
Visit ID : STAROPV65490  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 372405673878

Collected : 09/Dec/2023 09:32AM  
Received : 09/Dec/2023 01:42PM  
Reported : 09/Dec/2023 03:04PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

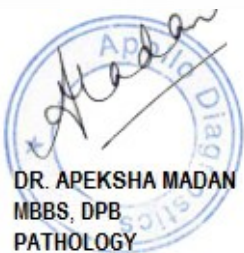
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

\*\*\* End Of Report \*\*\*

Page 15 of 15



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



SIN No:UR2237556

**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



सत्यमेव जयते  
भारत सरकार



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम / Enrollment No. : 0648/59926/04536

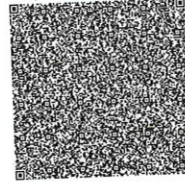
To  
Fakir Mohammed Farooque Tai

C/O: Farooque Tai,  
38/40 Haji Hanif Mansion, 5th Floor, Room No 503,  
Ghoghar Mohalla,  
VTC: Mumbai, PO: Mandvi,  
Sub District: Mumbai City, District: Mumbai City,  
State: Maharashtra, PIN Code: 400003,  
Mobile: 9967414193

26921624



KC269216245FL



आपका आधार क्रमांक / Your Aadhaar No. :

**3724 0567 3878**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Issue Date: 28/09/2011



Fakir Mohammed Farooque Tai  
DOB: 07/10/1967  
Male

**3724 0567 3878**

मेरा आधार, मेरी पहचान



**OUT- PATIENT RECORD**

Date : 09/12/23  
MRNO : 052263  
Name : Mr. Fakir Mohd.  
Age/Gender : 56m/male  
Mobile No :  
Passport No :  
Aadhar number :

Pulse : 60/min	B.P : 140/80mm	Resp : 24/min	Temp : (N)
Weight : 72.6kg	Height : 173cm.	BMI : 24.3	Waist Circum : 89cm.

General Examination / Allergies  
History

Imrest  
XRay @ foot  
LAP  
Lat.

Clinical Diagnosis & Management Plan

Married, Nonyetarian  
Sleep: (N) B/B (N) No Allergy.  
No addiction  
operated for hernia in past 5yrs back  
Moderately Active  
FH: Father / Mother: DM.  
LDL 122 UA 7.30  
① Avoid oil/ghee/steep, proben diet  
② Morning walk 45 min daily  
③ Repeat Lipids/UA after 2 months  
④ fit for job.



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

Doctor Signature

Follow up date:

Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:29AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 12:54PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:29AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 12:54PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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**

<b>HAEMOGLOBIN</b>	15.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	48.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	92.3	fL	83-101	Calculated
MCH	30	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,660	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	56	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3169.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1924.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	339.6	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	256000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	02	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:29AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 12:54PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:14AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 12:00PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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	98	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.



TOUCHING LIVES

Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI Age/Gender : 56 Y 2 M 2 D/M UHID/MR No : STAR.0000052263 Visit ID : STAROPV65490 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 372405673878	Collected : 09/Dec/2023 01:06PM Received : 09/Dec/2023 01:30PM Reported : 09/Dec/2023 02:01PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
---	--

DEPARTMENT OF BIOCHEMISTRY				
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324				
Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	115	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.



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 04:33PM
UHID/MR No : STAR.0000052263	Reported : 10/Dec/2023 10:37AM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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	4.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	85	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)



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:37AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 01:35PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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	185	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	56	mg/dL	<150	
HDL CHOLESTEROL	51	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>134</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>122.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	11.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 04:33PM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 08:47PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

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	0.59	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.13	mg/dL	0-0.19	DPD
BILIRUBIN (INDIRECT)	0.46	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.2	U/L	21-72	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.8	U/L	17-59	IFCC
ALKALINE PHOSPHATASE	84.60	U/L	30-120	IFCC
PROTEIN, TOTAL	6.83	g/dL	6.6-8.3	Biuret
ALBUMIN	4.11	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.72	g/dL	2.0-3.5	Calculated
A/G RATIO	1.51		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.



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:37AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 01:35PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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	0.86	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	33.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	15.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.30</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98-107	Direct ISE



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 04:33PM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 09:30PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

<b>DEPARTMENT OF BIOCHEMISTRY</b>				
<b>ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324</b>				
Test Name	Result	Unit	Bio. Ref. Range	Method

<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	19.40	U/L	0-54.99	IFCC
--	-------	-----	---------	------



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:32AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 01:48PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	0.88	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.53	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.690	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

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



Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 11:32AM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 03:20PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.790	ng/mL	0-4	ELFA



TOUCHING LIVES

Patient Name : Mr.FAKIR MOHAMMED FAROOQUE TAI	Collected : 09/Dec/2023 09:32AM
Age/Gender : 56 Y 2 M 2 D/M	Received : 09/Dec/2023 01:42PM
UHID/MR No : STAR.0000052263	Reported : 09/Dec/2023 03:04PM
Visit ID : STAROPV65490	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 372405673878	

**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	1.030		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	NEGATIVE		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

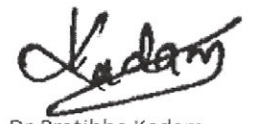
\*\*\* End Of Report \*\*\*



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



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



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



GE MAC1200 ST

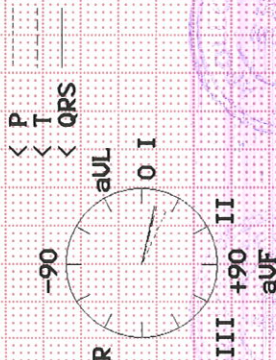
FAKIR,

HR 58 bpm

Measurement Results:

QRS : 90 ms  
 QT/QTcB : 422 / 414 ms  
 PR : 144 ms  
 P : 102 ms  
 RR/PP : 1036 / 935 ms  
 P/QRS/T : 25/ 13/ 15 degrees

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

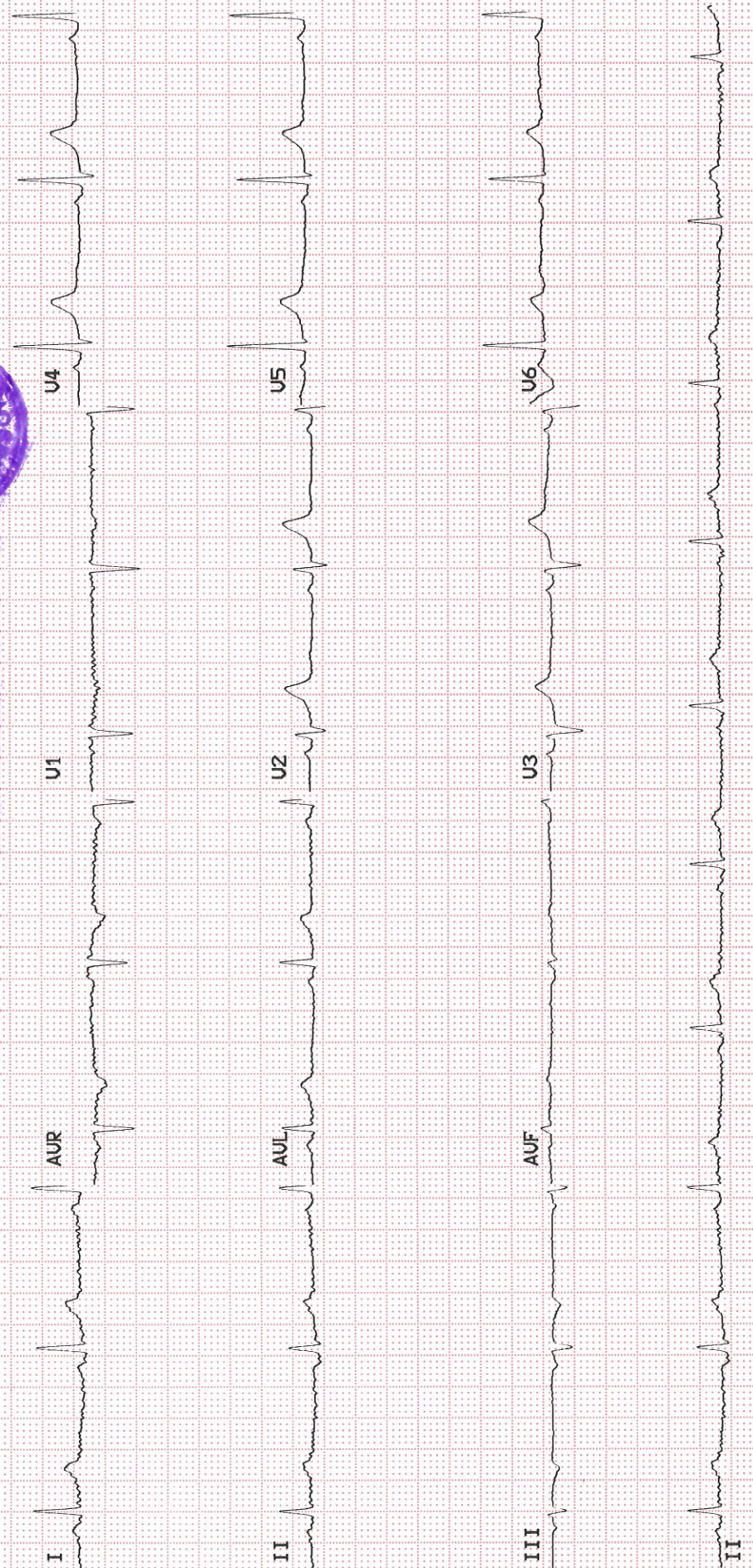


Dr. (Mrs.) CHHAYA P. VAJA  
 M.D. (MUM)  
 Physician & Cardiologist  
 Reg No. 56942

*Sample RBBB*



Unconfirmed report.



9/12/23

Patient Name : Mr. Fakir Mohammed Farooque Tai  
UHID : STAR.0000052263  
Reported on : 09-12-2023 14:04  
Adm/Consult Doctor :

Age : 56 Y M  
OP Visit No : STAROPV65490  
Printed on : 09-12-2023 14:05  
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:09-12-2023 14:04

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology



Patient Name : Mr. Fakir Mohammed Farooque Tai Age : 56 Y M  
UHID : STAR.0000052263 OP Visit No : STAROPV65503  
Reported on : 09-12-2023 14:59 Printed on : 09-12-2023 15:04  
Adm/Consult Doctor : Ref Doctor : SELF

**DEPARTMENT OF RADIOLOGY**

**X-RAY LEG LATERAL**

**X- RAY LEFT HEEL LATERAL VIEW**

Left heel tiny calcaneal spur is noted.

Rest of the visualized bones appear normal.

No evidence of fracture or dislocation seen.

No soft tissue abnormality seen.

**IMPRESSION** : Small calcaneal spur is noted.

Printed on:09-12-2023 14:59

---End of the Report---

  
**Dr. VINOD SHETTY**  
Radiology

Patient Name : MR.FAKIR MOHAMMED TAI  
Ref. By : HEALTH CHECK UP

Date : 09-12-2023  
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 10.1 x 4.2 cms and the **LEFT KIDNEY** measures 11.2 x 4.8 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

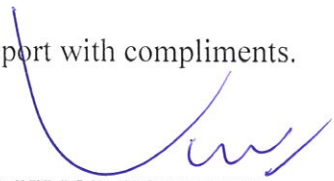
The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

**PROSTATE** : The prostate measures 3.5 x 2.5 x 2.2 cms and weighs 10.5 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:** The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.

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

Name : Mr.Fakir Mohammed Tai  
Age : 56 Year(s)

Date : 09/12/2023  
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. Trivial MR/TR/AR.

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](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

Name : Mr.Fakir Mohammed Tai  
Age : 56 Year(s)

Date : 09/12/2023  
Sex : Male  
Visit Type : OPD

**Dimension:**

EF Slope	60mm/sec
EPSS	07mm
LA	31mm
AO	30mm
LVID (d)	37mm
LVID(s)	17mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)

  
**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](http://www.apollospectra.com)

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

**Regd. Office:** 7-1-617/A, 615 & 616, Imperial Towers, 7<sup>th</sup> Floor, Ameerpet, Hyderabad, Telangana - 500038  
Ph No: 040 - 4904 7777 | [www.apollohl.com](http://www.apollohl.com)

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

## **FOODS TO AVOID**

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

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

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

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

Dry fish, egg yolk, prawns, mutton, beef, lobster, pork, sausages, and organ meat like kidney, liver.

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

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

Papad, pickles, chutney.

Alcohol, smoking and Tabaco should be strictly avoided.



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

**EYE REPORT**

Name: Mr. Kulkarni Mahesh Tai

Date: 09/12/2023

Age / Sex: 53 yr / M

Ref No.:

Complaint: No ocular obs  
No opo SB / RA.

**Examination**

Spectacle Rx  
V<sub>r</sub> < 6/12  
V<sub>l</sub> < 6/9

Near V<sub>r</sub> & V<sub>l</sub> N8

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

Remarks: Color V<sub>r</sub> & V<sub>l</sub> normal

Medications: AS <

Trade Name	Frequency	Duration

Follow up: Fundus for ev. D.S. MARK

BB) Head trauma related activity

Consultant:

MR. Fakir  
ID 052263  
Age 56

Height 173cm  
Gender Male

Date 9. 12. 2023  
Time 09:38:31

APOLLO SPECTRA HOSPITAL

## Body Composition

	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205	72.6 kg			56.0 ~ 75.7
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170	29.3 kg			28.1 ~ 34.4
Body Fat Mass	20 40 60 80 100 160 220 280 340 400 460 520	19.8 kg			7.9 ~ 15.8
TBW Total Body Water	38.7 kg (37.0 ~ 45.3)		FFM Fat Free Mass	52.8 kg (48.1 ~ 59.9)	
Protein	10.4 kg (9.9 ~ 12.1)		Mineral*	3.65 kg (3.43 ~ 4.19)	

\* Mineral is estimated.

## Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m <sup>2</sup> )	24.3	18.5 ~ 25.0
PBF Percent Body Fat (%)	27.3	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.97	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1509	1570 ~ 1836

## 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

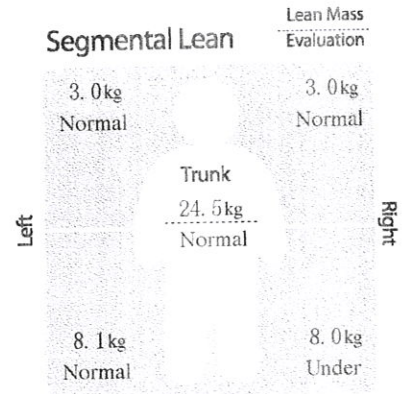
## Weight Management

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

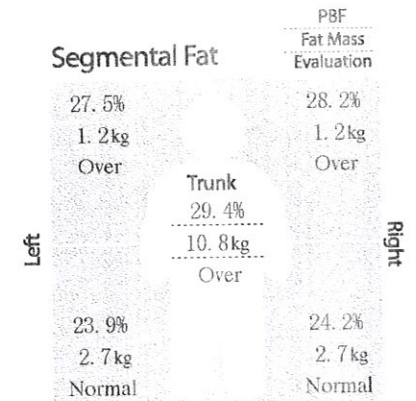
## Obesity Diagnosis

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 Lean



## Segmental Fat



\* Segmental Fat is estimated.

## Muscle-Fat Control

Muscle Control	+ 3.2 kg	Fat Control	- 10.0 kg	Fitness Score	67
----------------	----------	-------------	-----------	---------------	----

## Impedance

Z	RA	LA	TR	RL	LL
20kHz	338.0	329.0	25.3	296.5	285.7
100kHz	303.2	296.5	21.8	266.1	258.4

\* 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: 72.6 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
145	254	218	254	237	254	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
164	218	254	363	138	164	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
363	363	363	218	254	128	
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

2000 kcal

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



Customer Pending Tests  
ENT consultation pending

<b>Patient Name</b>	: Mr. Fakir Mohammed Farooque Tai	<b>Age/Gender</b>	: 56 Y/M
<b>UHID/MR No.</b>	: STAR.0000052263	<b>OP Visit No</b>	: STAROPV65490
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-12-2023 14:05
<b>LRN#</b>	: RAD2173339	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 372405673878		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mr. Fakir Mohammed Farooque Tai	<b>Age/Gender</b>	: 56 Y/M
<b>UHID/MR No.</b>	: STAR.0000052263	<b>OP Visit No</b>	: STAROPV65490
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-12-2023 12:24
<b>LRN#</b>	: RAD2173339	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 372405673878		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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

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

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

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

**KIDNEYS :** The **RIGHT KIDNEY** measures 10.1 x 4.2 cms and the **LEFT KIDNEY** measures 11.2 x 4.8 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 3.5 x 2.5 x 2.2 cms and weighs 10.5 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:** The Ultrasound examination reveals mild fatty infiltration of the Liver.  
No other significant abnormality is detected.



**Dr. VINOD SHETTY**  
Radiology