

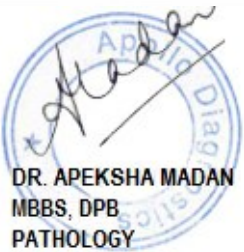
Patient Name : Mr.PRATHAMESH M TIRLOTKAR
Age/Gender : 35 Y 2 M 3 D/M
UHID/MR No : STAR.0000063742
Visit ID : STAROPV70896
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : AINPT8041R

Collected : 22/Jun/2024 08:36AM
Received : 22/Jun/2024 10:17AM
Reported : 22/Jun/2024 01:20PM
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.PRATHAMESH M TIRLOTKAR
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	86.5	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,930	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	09	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2514.3	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1725.5	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	246.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	443.7	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	189000	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

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

Platelets : Adequate in Number

Page 2 of 9



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240160141

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.PRATHAMESH M TIRLOTKAR
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
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PATHOLOGY



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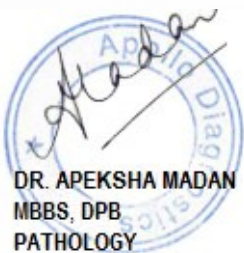
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Patient Name	: Mr.PRATHAMESH M TIRLOTKAR	Collected	: 22/Jun/2024 08:36AM
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Emp/Auth/TPA ID	: AINPT8041R		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - 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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240160141

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Patient Name : Mr.PRATHAMESH M TIRLOTKAR	Collected : 22/Jun/2024 08:36AM
Age/Gender : 35 Y 2 M 3 D/M	Received : 22/Jun/2024 10:11AM
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Visit ID : STAROPV70896	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AINPT8041R	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

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

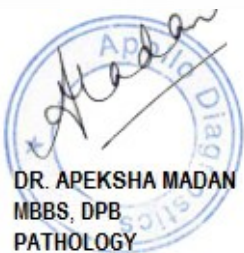
Comment:

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:

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



Patient Name : Mr.PRATHAMESH M TIRLOTKAR	Collected : 22/Jun/2024 11:25AM
Age/Gender : 35 Y 2 M 3 D/M	Received : 22/Jun/2024 11:42AM
UHID/MR No : STAR.0000063742	Reported : 22/Jun/2024 01:18PM
Visit ID : STAROPV70896	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AINPT8041R	

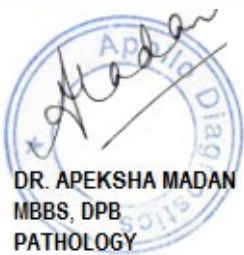
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	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:PI P1465438

Apollo Speciality Hospitals Private Limited
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Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
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Address:
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Ph: 022 4332 4500

Patient Name : Mr.PRATHAMESH M TIRLOTKAR	Collected : 22/Jun/2024 08:36AM
Age/Gender : 35 Y 2 M 3 D/M	Received : 22/Jun/2024 10:11AM
UHID/MR No : STAR.0000063742	Reported : 22/Jun/2024 12:10PM
Visit ID : STAROPV70896	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AINPT8041R	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	25	U/L	4-44	JSCC

Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes.

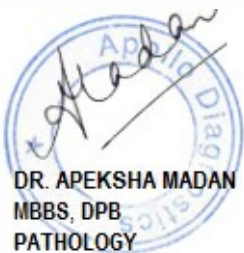
ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear.

The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL , SERUM	0.50	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	11.71			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Patient Name : Mr.PRATHAMESH M TIRLOTKAR	Collected : 22/Jun/2024 08:36AM
Age/Gender : 35 Y 2 M 3 D/M	Received : 22/Jun/2024 12:39PM
UHID/MR No : STAR.0000063742	Reported : 22/Jun/2024 01:57PM
Visit ID : STAROPV70896	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : AINPT8041R	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - 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	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	3-5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	Few Calcium Oxalate present		ABSENT	MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.

Page 8 of 9



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2371249

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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Address:

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Patient Name : Mr.PRATHAMESH M TIRLOTKAR
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

*** End Of Report ***

Page 9 of 9


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:UR2371249

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(Formerly known as a Nova Speciality Hospitals Private Limited)

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Address:

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

OUT- PATIENT RECORD

Date : 22/6/24
MRNO :
Name : Mr Prathmesh Girlokar
Age/Gender : 35 y/m
Mobile No :
Passport No :
Aadhar number :

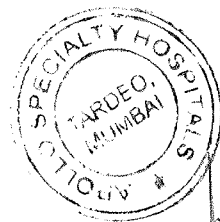
Pulse : 67/min	B.P : 110/80mmHg	Resp : 20/min	Temp Afebrile
Weight : 85.2 kg	Height : 171.4 cm	BMI : 29.1	Waist Circum : 98 cm

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

Married, Vegetarian
Sleep (B/B) Dust Allergy.
No addictions
FH: Father: 2T/DM exposed
Normal Reports
Physically fit.

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



[Handwritten Signature]

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022-43324500 | www.apollospectra.com

Doctor Signature



TOUCHPOINTS
Patient Name : Mr.PRATHAMESH M TIRLOTKAR
Age/Gender : 35 Y 2 M 3 D/M
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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

Page 1 of 9



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240160141

TOUCHING LIVES
Patient Name : Mr.PRATHAMESH M TIRLOTKAR
Age/Gender : 35 Y 2 M 3 D/M
UHID/MR No : STAR.0000063742
Visit ID : STAROPV70896
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DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	46.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.5	fL	83-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	12.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,930	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	05	%	1-6	Electrical Impedence
MONOCYTES	09	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
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EOSINOPHILS	246.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	443.7	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.46		0.78- 3.53	Calculated
PLATELET COUNT	189000	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

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

Platelets : Adequate in Number

Page 2 of 9



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:BED240160141





TOUCHING LIVES

Patient Name : Mr.PRATHAMESH M TIRLOTKAR
Age/Gender : 35 Y 2 M 3 D/M
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

Page 3 of 9

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MBBS, DPB
PATHOLOGY

SIN No:BED240160141






TOUCHING LIVES
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DEPARTMENT OF HAEMATOLOGY
 ARCOFEMI - MEDIWHEEL - PMC PACK H - 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




 DR. APEKSHA MADAN
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DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	100	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:

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

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:PLF02176145



TOUCH PATIENT NAMES : Mr.PRATHAMESH M TIRLOTKAR
 Age/Gender : 35 Y 2 M 3 D/M
 UHID/MR No : STAR.0000063742
 Visit ID : STAROPV70896
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DEPARTMENT OF BIOCHEMISTRY
 ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	105	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:PLP1465438



TOUCHING LIVES	Patient Name : Mr.PRATHAMESH M TIRLOTKAR	Collected	: 22/Jun/2024 08:36AM
	Age/Gender : 35 Y 2 M 3 D/M	Received	: 22/Jun/2024 10:11AM
	UHID/MR No : STAR.0000063742	Reported	: 22/Jun/2024 12:10PM
	Visit ID : STAROPV70896	Status	: Final Report
	Ref Doctor : Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : AINPT8041R		

DEPARTMENT OF BIOCHEMISTRY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
ALANINE AMINOTRANSFERASE (ALT/SGPT) , SERUM	25	U/L	4-44	JSCC


Comment:

ALT elevations are noted in liver parenchymal diseases, leading to injury / destruction of hepatocytes. ALT levels are seen to be elevated even before the signs and symptoms of the liver injury appear. The ALT levels remain high longer in blood as compared to AST levels. And though both the enzymes increase in liver injury, the rise in ALT is more compared to AST, thus also altering the ALT:AST ratio.

Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL , SERUM	0.50	mg/dL	0.1-1.2	Azobilirubin

Test Name	Result	Unit	Bio. Ref. Range	Method
BUN/CREATININE RATIO , SERUM				
BLOOD UREA NITROGEN	9.7	mg/dL	8.0 - 23.0	Calculated
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
BUN / CREATININE RATIO	11.71			Calculated

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE , SERUM	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD

DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:SE04756628

TOUCHING LIVES
 Patient Name : Mr.PRATHAMESH M TIRLOTKAR
 Age/Gender : 35 Y 2 M 3 D/M
 UHID/MR No : STAR.0000063742
 Visit ID : STAROPV70896
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : AINPT8041R

Collected : 22/Jun/2024 08:36AM
 Received : 22/Jun/2024 12:39PM
 Reported : 22/Jun/2024 01:57PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY
 ARCOFEMI - MEDIWHEEL - PMC PACK H - 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	SLIGHTLY HAZY		CLEAR	Physical measurement
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	3-5	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	Few Calcium Oxalate present		ABSENT	MICROSCOPY

Kindly correlate clinically.

Comment:

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.




 DR. APEKSHA MADAN
 MBBS, DPB
 PATHOLOGY

SIN No:UR2371249




Patient Name	: Mr.PRATHAMESH M TIRLOTKAR	Collected	: 22/Jun/2024 08:36AM
Age/Gender	: 35 Y 2 M 3 D/M	Received	: 22/Jun/2024 12:39PM
UHID/MR No	: STAR.0000063742	Reported	: 22/Jun/2024 01:57PM
Visit ID	: STAROPV70896	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: AINPT8041R		

DEPARTMENT OF CLINICAL PATHOLOGY
ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324

*** End Of Report ***

Page 9 of 9

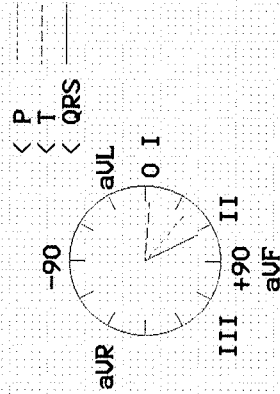



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2371249

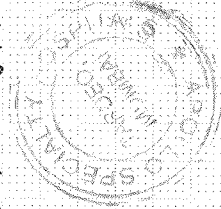
Measurement Results:

QRS : 104 ms
 QT/QTcB : 372 / 393 ms
 PR : 154 ms
 P : 136 ms
 RR/PP : 906 / 895 ms
 P/QRS/T : 41/ 63/ 5 degrees

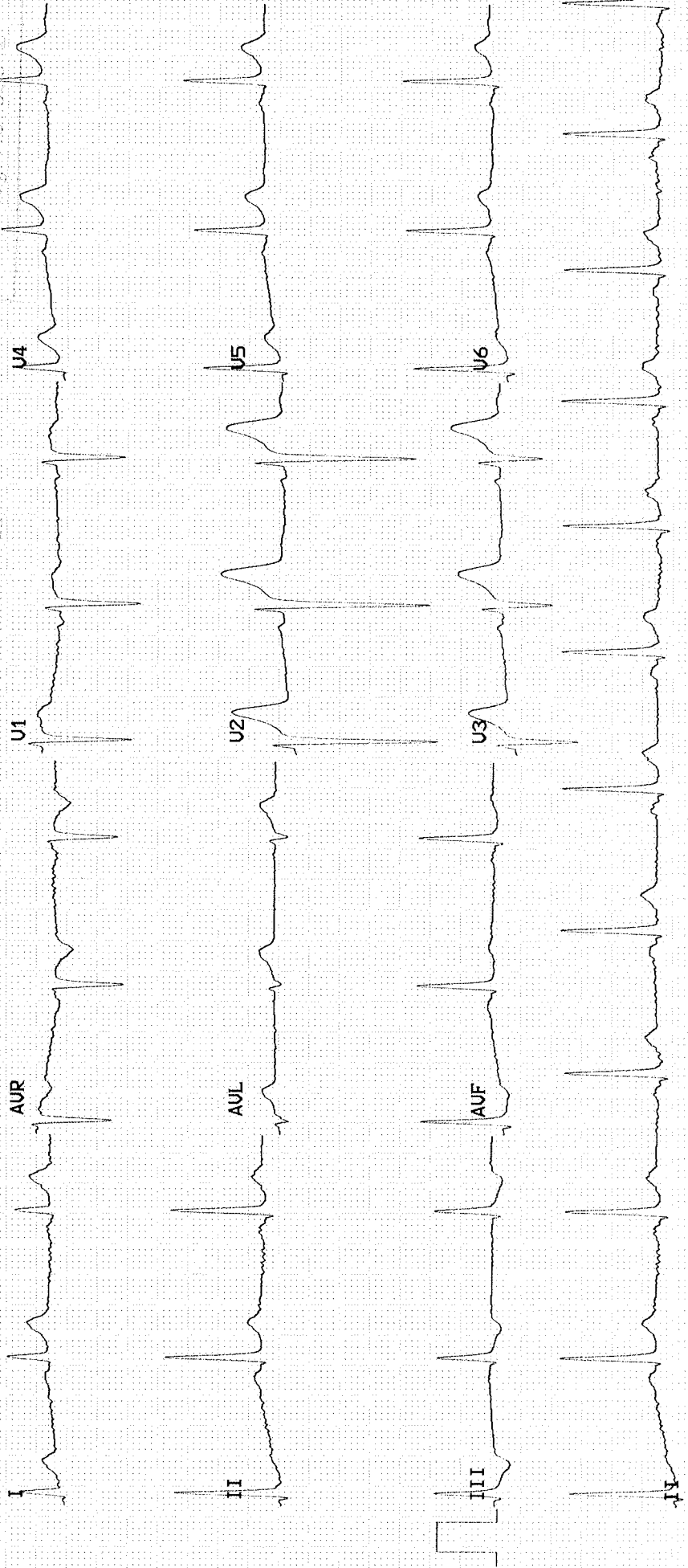


Interpretation:
 12SL - Interpretation:
 Sinus rhythm with Fusion complexes
 Otherwise normal ECG

Within Normal limits



Unconfirmed report.
 Dr. V. P. VAJIA
 MBBS (MD) (DM)
 Physician & Cardiologist
 Reg. No. 51112



Patient Name	: Mr. PRATHAMESH M TIRLOTKAR	Age	: 35 Y M
UHID	: STAR.0000063742	OP Visit No	: STAROPV70896
Reported on	: 22-06-2024 12:39	Printed on	: 22-06-2024 12:39
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:22-06-2024 12:39

---End of the Report---


Dr. VINOD SHETTY
Radiology

EYE REPORT

Name: Prathmesh Trilothkar

Date: 22/06/24

Age / Sex: 35 / F

Ref No.:

Complaint:

Mild meibomitis
Papillae, cong
rest wnl

Examination

Vn $\left\{ \begin{array}{l} 6/9 \text{ No} \\ 6/6 \text{ No} \end{array} \right.$ — Small ONH —
— 0.7:1 —
FR+

Spectacle Rx

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

Remarks:

Annual Fundoscopy (Annually)

Medications:

Trade Name	Frequency	Duration
<u>Ocussothe Duo</u>	<u>1 — 1 — 1</u>	<u>X 1 month</u>

Follow up:



Consultant:

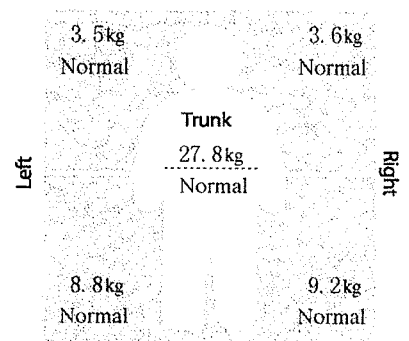
ID 00 | Height 171cm | Date 22. 6. 2024 | APOLLO SPECTRA HOSPITAL
 Age 35 | Gender Male | Time 09:42:51

Body Composition

	Normal	Over	UNIT	Normal Range
Weight	85.2 kg			54.7 ~ 74.0
Muscle Mass Skeletal Muscle Mass	34.0 kg			27.4 ~ 33.5
Body Fat Mass	25.1 kg			7.7 ~ 15.4
TBW Total Body Water	44.1 kg (36.2 ~ 44.2)		FFM Fat Free Mass	60.1 kg (47.0 ~ 58.5)
Protein	12.0 kg (9.7 ~ 11.8)		Mineral*	4.04 kg (3.35 ~ 4.09)

* Mineral is estimated.

Segmental Lean



Obesity Diagnosis

	Value	Normal Range
BMI Body Mass Index (kg/m ²)	29.1	18.5 ~ 25.0
PBF Percent Body Fat (%)	29.4	10.0 ~ 20.0
WHR Waist-Hip Ratio	0.98	0.80 ~ 0.90
BMR Basal Metabolic Rate (kcal)	1669	1778 ~ 2091

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

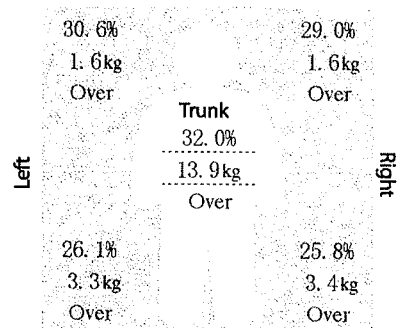
Weight Management

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

Obesity Diagnosis

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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 14.4 kg	Fitness Score	71
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	277.5	289.9	22.9	234.7	254.5
100kHz	243.8	256.6	19.0	208.3	226.0

* 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: 85.2 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
170	298	256	298	278	298	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
193	256	298	426	162	193	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
426	426	426	256	298	150	
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

1700 kcal

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

Dear Prathamesh Tirlokar,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA TARDEO clinic** on **2024-06-22** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL PMC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - PMC PACK H - PAN INDIA - FY2324]

**"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor."
Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.**




Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.

Contact No: 022 - 4332 4500.

P.S: Health Check-Up may take 4 - 5hrs for completion on week days & 5 - 6hrs on Saturdays, kindly plan accordingly, Doctor Consultation will be completed after all the Reports are ready.

आयकर विभाग
INCOME TAX DEPARTMENT
PRATHAMESH M TIRLOTKAR
MOHAN NARAYAN TIRLOTKAR
19/04/1989
Permanent Account Number
AINPT8041R
Signature

भारत सरकार
GOVT. OF INDIA



27062013

Patient Name	: Mr. PRATHAMESH M TIRLOTKAR	Age/Gender	: 35 Y/M
UHID/MR No.	: STAR.0000063742	OP Visit No	: STAROPV70896
Sample Collected on	:	Reported on	: 22-06-2024 12:39
LRN#	: RAD2358024	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: AINPT8041R		

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