

Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
Received : 28/Sep/2024 11:46AM
Reported : 28/Sep/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	78	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	29	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4420	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1972	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	269000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC WBC WITHIN NORMAL LIMITS PLATELETS ARE ADEQUATE ON SMEAR NO HEMOPARASITES SEEN				

Page 1 of 14



DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

SIN No:BED240233205



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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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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Collected : 28/Sep/2024 01:07PM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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:

- 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.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	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. APARNA NAIK
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SIN No:PLP1486426



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Collected : 28/Sep/2024 09:20AM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.


4. 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.

5. 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: EDT240091848



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Collected : 28/Sep/2024 09:19AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	54	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



DR. APARNA NAIK
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SIN No:SE04830386



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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



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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.


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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated



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



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.114	µIU/mL	0.38-5.33	CLIA

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



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

SIN No: SPL24141743



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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24141743



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Collected : 28/Sep/2024 09:19AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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DR. APARNA NAIK
MBBS DFB
CONSULTANT PATHOLOGIST

SIN No:UR2414400



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
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DEPARTMENT OF CLINICAL PATHOLOGY

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


DR. APARNA NAIK
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:UR2414400



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:

Ujagar Compound, Opp. Dronar Bus Depot Main Gate,
Dronar, Chembur, Mumbai, Maharashtra
Ph: 022 4334 4600

15

Name : Mr. Shaikh Nadeem Naushad Ali	Age : 37 Y	UHID :SCHE.0000088421
Address : Gulraj heights, Kurla	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHEOPV106368
		Bill No :SCHE-OCR-25030
		Date : 28.09.2024 09:13

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	11/1.00
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	ENT CONSULTATION	Dr. R. Nambiar
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	Dr. N. Sharma
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106388
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 22S30748

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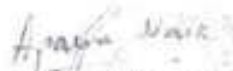
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4420	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1972	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	269000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240233205

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TOUCHING LIVES

Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748



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


DR. APARNA NAIK
MBBS DPE
CONSULTANT PATHOLOGIST
SIN No:BED240233205

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Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	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. APARNA NAIK
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 SIN No: BED240233205



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
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UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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:

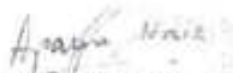
- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	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. APARNA NAIK
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SIN No:PLP1486426



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
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Collected : 28/Sep/2024 09:20AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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: EDT240091848



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	54	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


 DR. APARNA NAIK
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 CONSULTANT PATHOLOGIST

SIN No:SE04830386



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
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 UHID/MR No : SCHE.0000088421
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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. 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.

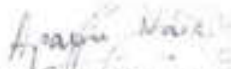
2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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 DR. APARNA NAIK
 MBBS DPM
 CONSULTANT PATHOLOGIST



SIN No:SE04830386


Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 22S30748

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DEPARTMENT OF BIOCHEMISTRY

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4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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SIN No: SE04830386

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04830386



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	20.00	U/L	16-73	Glycylglycine Kinetic method


DR. APARNA NAIK
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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.114	µIU/mL	0.38-5.33	CLIA

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

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

SIN No: SPL24141743


Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 22530748

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24141743



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748

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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2414400



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 14 of 14



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2414400





Patient Name	: Mr. Shaikh Nadeem Naushad Ali	Age	: 37 Y M
UHID	: SCHE.0000088421	OP Visit No	: SCHEOPV106368
Reported on	: 28-09-2024 12:31	Printed on	: 28-09-2024 13:35
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:28-09-2024 12:31

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Shaikh Nadeem Naushad Ali Age : 37 Y M
UHID : SCHE.0000088421 OP Visit No : SCHEOPV106368
Reported on : 28-09-2024 15:05 Printed on : 28-09-2024 15:07
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Mildly enlarged in size, echopattern it measures 12.9 cm

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.3 X 4.9 cm.

LK : 10.3 X 4.0cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 18cc).

IMPRESSION: MILD SPLENOMEGALY.

Clinical lab correlation.

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Printed on:28-09-2024 15:05

---End of the Report---



Patient Name : Mr. Nadeem Shaikh
Age / Sex : 37 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -
UHID NO : SCHE.0000088421
Report Date : 28 / 09 / 2024

2 - D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 65%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | 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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 28
IVSd (mm) : 10
IVSs (mm) : 16
LVPWd (mm) : 11
EF(Teich)(mm) : 65%

LA (mm) : 30
LVIDd (mm) : 47
LVIDs (mm) : 29
LVPWs (mm) : 16

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)

AGE: 37
 QRS : 106 ms
 QT/QTcB : 394 / 403 ms
 PR : 176 ms
 P : 94 ms
 RR/PP : 956 / 950 ms
 P/QRS/T : 45 / 30 / 50 degrees
 QTd/QTcBd : 62 / 63 ms
 Sokolow : 1.8 mV
 NK : 8

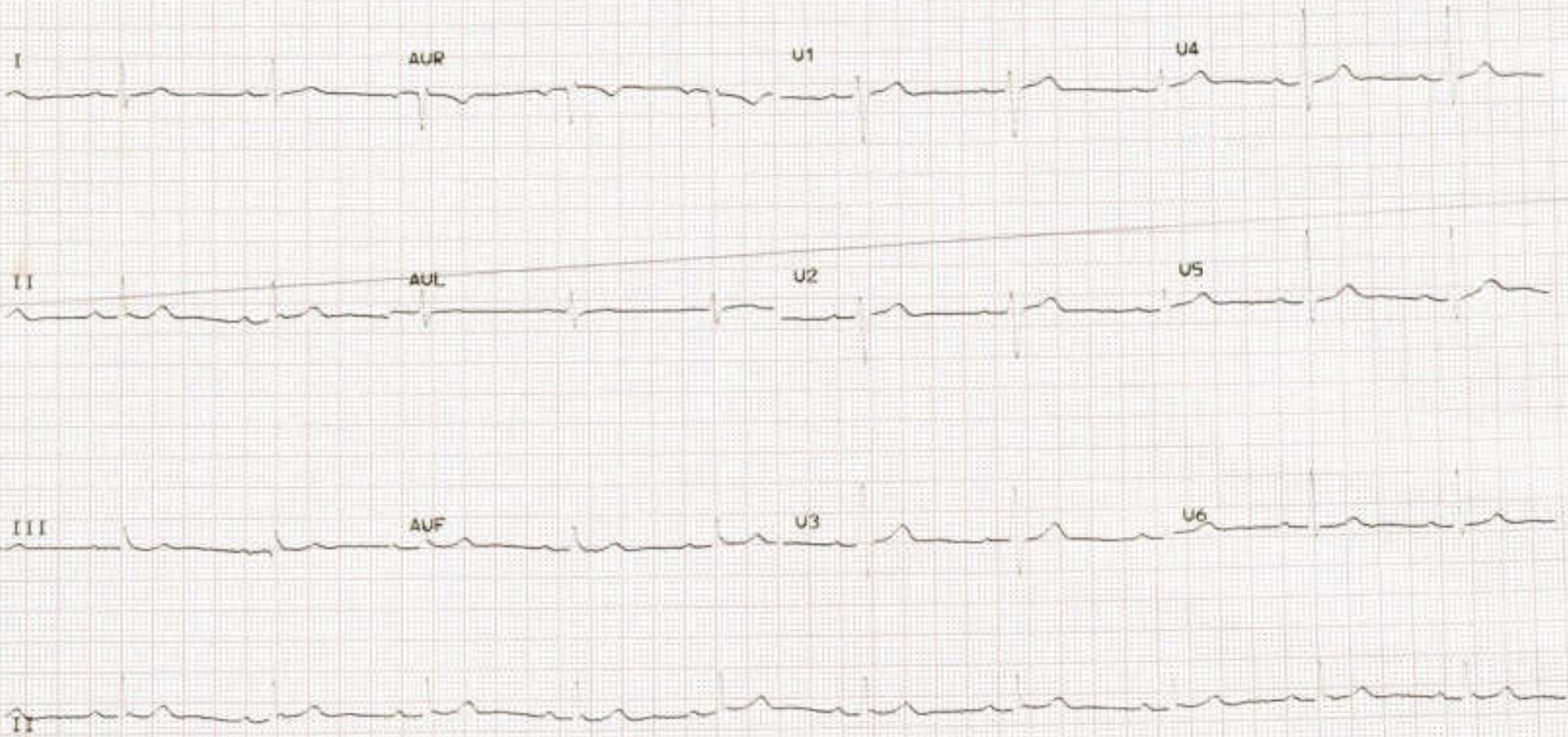
-90
 aUR
 aUL
 0 I
 III +90 II
 aVF

Integration
 normal ECG



Handwritten signature

Unconfirmed report.



DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day:** 3 liters.
- **Oil consumption:** 3 tsp per day/ ½ kg oil per month per person.

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas
Executive Dietician
E: diet.cbr@apollospectra.com



OUT- PATIENT RECORD

Date : 28/04/24
 MRNO : 88421
 Name :- Nadeem Sheikh
 Age / Gender : 37 (m)
 Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
 Consultant **Dr. Amit Shobhavat**
 Reg. No : 2001/09/3124
 Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>68</u>	B.P : <u>130/80</u>	Resp : <u>18</u>	Temp : <u>97</u>
Weight : <u>93.8</u>	Height : <u>185</u>	BMI : <u>27.8 kg/m²</u>	Waist Circum : <u>113/108</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest - 104/105
 SPO₂ 99

No Coronary Artery Disease
 No Lung Disease
 No Adrenal Disease
 No Family History
 MNL
 Pyl
 In I

Physically fit

Follow up date:

Doctor Signature



OUT- PATIENT RECORD

Date : 25.09.2024
 MRNO :
 Name :- SHAIKH NABEEM NAUSHAD MU
 Age / Gender : 37y / MALE
 Mobile No:-

Department : **Consultant ENT Surgeon**
 Consultant **Dr. Roshni Nambiar**
 Reg. No : 2006/02/1129
 Qualification : M.B.B.S., DNB. Othorhinolaryngology

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Routine medical.

H/o occasional ear block - usually also E URTI

H/a (R) ear decreased hearing occasional tinnitus

OK

Ears

(R) (L)

BLV TM intact WNL

Rinne (+) (+)

weber ←→

Nose - mucosa WNL

Throat - water brash (+)

Neck WNL - NAD

⚡

Care of ears

Avoid ear buds.

Adequate hydration
Early night meals.

Adv
Audiometry

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

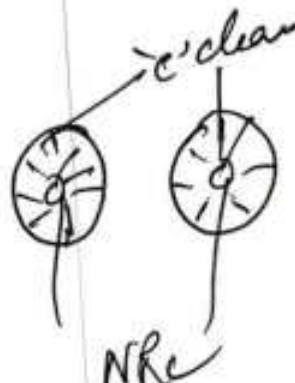
Date: 28/9/24
MRNO: _____
Name: Mr. Shaikh N.
Age / Gender: 37yr/M.
Mobile No: _____

Department: **OPHTHALMOLOGY**
Consultant: **Dr. Neeta Sharma**
Reg. No: **68446**
Qualification: **MBBS, DIP. Ophthal.DNB (Ophthal)**

Pulse :	B.P. :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

for m.c.
Ⓟ CV - Normal
o/e

NRe
VA R 6/6
A 6/9
VA R 6/6
ERG 6/6
VA R 5/5
A 5/5

Rij f-u. Sn



Follow up date:

Doctor Signature:



AUDIOGRAM

Name: Mr. Mudeem Jhatchy

Date: 28.09.2024

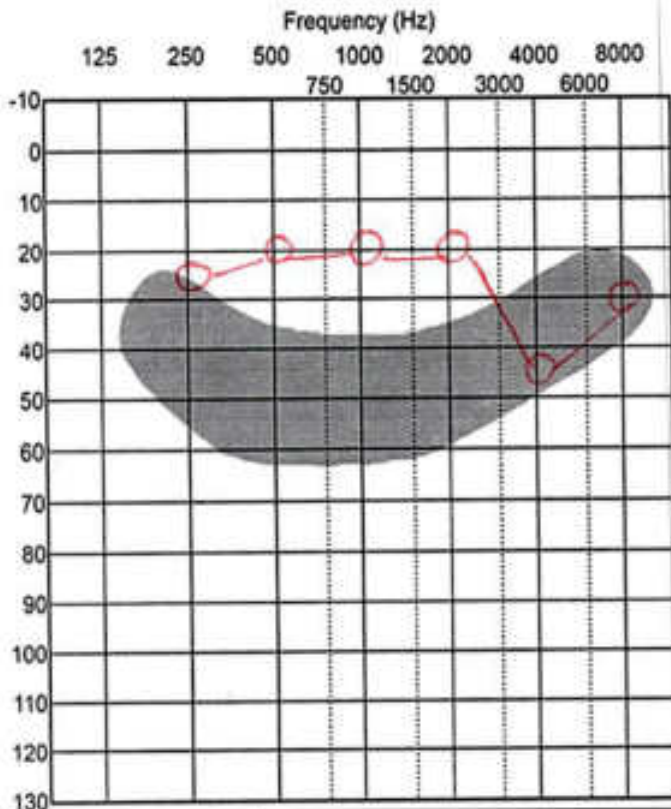
Ref. by: Dr. Roshni Nambiar

Age / Gender: 32 year / male

Brief history / chief Complaints:

pt. complain of reduced hearing in the Deaf pt. exposed to loudspeaker for hours daily

RIGHT EAR



LEFT EAR

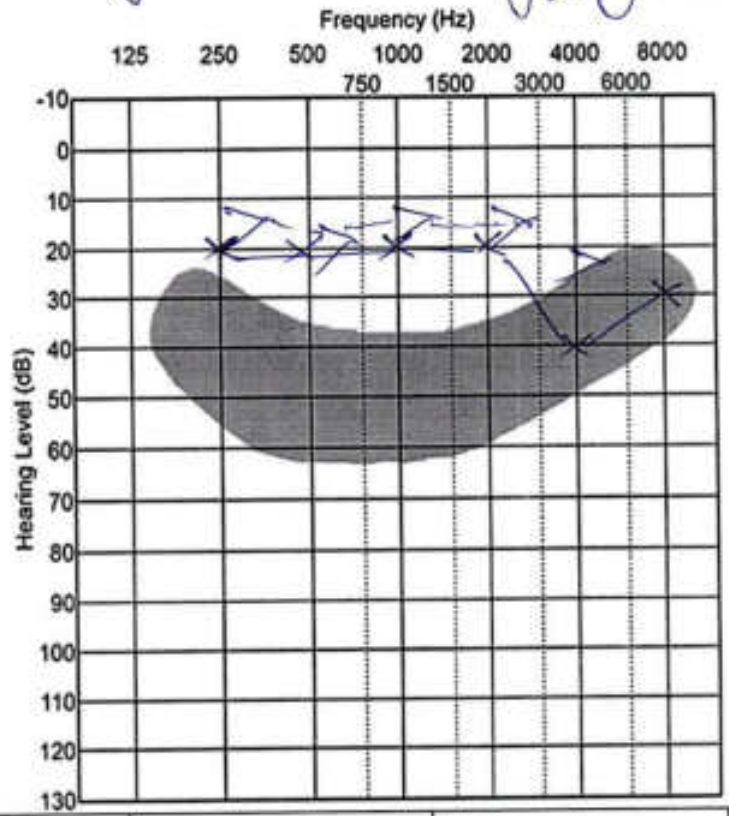


Table with 4 columns: Ear, Pure Tone Average (PTA), Rinne, and Weber. Rows for Right Ear and Left Ear.

Interpretation: Bilateral minimal sensorineural hearing loss with a dip @ 4kHz

Recommendations:

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main GPO, Deonar, N. Subur, Mumbai - 400088 Ph No: 022 - 4334 4600 | www.apollospectra.com

Doctor's Sign: [Signature]



Date:- 28/09/24
 Phone:- 8169671941

Apollo Spectra
 HOSPITAL
 Specialists in Surgery

Patient Name:- Shaikh Nadeem Ali

Address:-

Age:- 37

Chief complaint:-

Intraoral Findings:-

- Prosthesis present w.r.t

- Fillings Present

- Dislodge restorⁿ

- Buccal pit $\frac{1}{8}$

6	7
76	6
7	

	56
8	

stains & calculi - +

Rx advised:-

- oral prophylaxis

- filling $\frac{1}{8}$

↳

Rx Done

- scaling Done - 1200

- composite filling $\frac{1}{8}$ 1500

GIC filling - $\frac{1}{8}$ 1000

3700/-



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदणी क्रमांक / Enrolment No.: 2006/60158/11515

To
शेख नदीम नौशाद अली
Shaikh Nadeem Naushad Ali
S/O: Shaikh Naushad Ali Abdul Shakoor
ROOM NO. 1, JAIKARWADI - 55
SHAIKH MISRI ROAD
WADALA EAST
Mumbai
Antop Hill
Mumbai Maharashtra - 400037
8169671941

Download Date: 18/02/2018

Generation Date: 18/02/2018

Signature valid



आपला आधार क्रमांक / Your Aadhaar No. :

9208 2179 9230

माझे आधार, माझी ओळख



भारत सरकार
Government of India



शेख नदीम नौशाद अली
Shaikh Nadeem Naushad Ali
जन्म तारीख/DOB: 17/03/1987
पुल्ल/ MALE

9208 2179 9230



माझे आधार, माझी ओळख



011-41195959

Dear Komal N Shaikh ,

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Name of Diagnostic/Hospital : Apollo Spectra - Chembur
Address of Diagnostic/Hospital : Sunder Baug, Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Off Sion Trombay Road, Deonar, Chembur - 400008
City : Mumbai
State : Maharashtra
Pincode : 400008
Appointment Date : 28-09-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

Member Information			
Booked Member Name	Age	Gender	
Nadeem Shaikh	37 year	Male	

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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Please visit to our [Terms & Conditions](#) for more informaion. [Click here](#) to unsubscribe.

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Ccf Team

From: noreply@apolloclinics.info
Sent: 26 August 2024 18:07
To: komal.thawali@bankofbaroda.co.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Nadeem Shaikh,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-09-07** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

15

Name : Mr. Shaikh Nadeem Naushad Ali	Age : 37 Y	UHID :SCHE.0000088421
Address : Gulraj heights, Kurla	Sex : M	
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :SCHEOPV106368
		Bill No :SCHE-OCR-25030
		Date : 28.09.2024 09:13

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2D ECHO	
<input checked="" type="checkbox"/>	LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	DIET CONSULTATION	
<input checked="" type="checkbox"/>	COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	ECG	
<input checked="" type="checkbox"/>	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	11/1.00
<input checked="" type="checkbox"/>	URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	X-RAY CHEST PA	
<input checked="" type="checkbox"/>	ENT CONSULTATION	Dr. R. Nambiar
<input checked="" type="checkbox"/>	FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	LIPID PROFILE	
<input checked="" type="checkbox"/>	BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	OPHTHAL BY GENERAL PHYSICIAN	Dr. N. Sharma
<input checked="" type="checkbox"/>	ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106388
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
Received : 28/Sep/2024 11:46AM
Reported : 28/Sep/2024 01:52PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

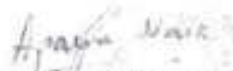
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	40.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.06	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	78	fL	83-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedance
LYMPHOCYTES	29	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4420	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1972	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	136	Cells/cu.mm	20-500	Calculated
MONOCYTES	272	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.24		0.78- 3.53	Calculated
PLATELET COUNT	269000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST

SIN No:BED240233205

Page 1 of 14





TOUCHING LIVES

Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748



Collected : 28/Sep/2024 09:19AM
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DEPARTMENT OF HAEMATOLOGY

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


DR. APARNA NAIK
MBBS DPE
CONSULTANT PATHOLOGIST
SIN No:BED240233205

Page 2 of 14



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 22S30748

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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	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. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST
 SIN No: BED240233205



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 01:07PM
Received : 28/Sep/2024 03:30PM
Reported : 28/Sep/2024 04:46PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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 $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

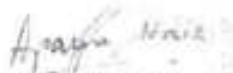
Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	94	mg/dL	70-140	GOD - POD

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.

Page 4 of 14


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:PLP1486426



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:20AM
Received : 28/Sep/2024 02:19PM
Reported : 28/Sep/2024 04:47PM
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. 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)

Page 5 of 14



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

SIN No: EDT240091848



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	150	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	54	mg/dL	<150	
HDL CHOLESTEROL	40	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	110	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.01		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


 DR. APARNA NAIK
 MBBS DPB
 CONSULTANT PATHOLOGIST

SIN No:SE04830386



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	80.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		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. 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.

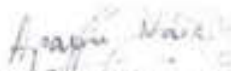
2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct, To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

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 DR. APARNA NAIK
 MBBS DPM
 CONSULTANT PATHOLOGIST



SIN No:SE04830386


Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



DR. APARNA NAIK
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CONSULTANT PATHOLOGIST
SIN No:SE04830386

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Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
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UHID/MR No : SCHE.0000088421
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	19.90	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.20	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.42		0.9-2.0	Calculated


DR. APARNA NAIK
MBBS DPB
CONSULTANT PATHOLOGIST
SIN No:SE04830386



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
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DEPARTMENT OF BIOCHEMISTRY

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

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


DR. APARNA NAIK
 MBBS DPM
 CONSULTANT PATHOLOGIST
 SIN No:SE04830386



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
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 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.07	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.114	µIU/mL	0.38-5.33	CLIA

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




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

SIN No: SPL24141743


Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
 Age/Gender : 37 Y 6 M 11 D/M
 UHID/MR No : SCHE.0000088421
 Visit ID : SCHEOPV106368
 Ref Doctor : Dr. SELF
 Emp/Auth/TPA ID : 22530748

Collected : 28/Sep/2024 09:19AM
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DEPARTMENT OF IMMUNOLOGY

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

N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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

SIN No: SPL24141743



Patient Name : Mr.SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
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	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy


Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 13 of 14


DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2414400



Patient Name : Mr. SHAIKH NADEEM NAUSHAD ALI
Age/Gender : 37 Y 6 M 11 D/M
UHID/MR No : SCHE.0000088421
Visit ID : SCHEOPV106368
Ref Doctor : Dr. SELF
Emp/Auth/TPA ID : 22S30748

Collected : 28/Sep/2024 09:19AM
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Reported : 28/Sep/2024 04:44PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 14 of 14



DR. APARNA NAIK
MBBS DPM
CONSULTANT PATHOLOGIST
SIN No:UR2414400





Patient Name	: Mr. Shaikh Nadeem Naushad Ali	Age	: 37 Y M
UHID	: SCHE.0000088421	OP Visit No	: SCHEOPV106368
Reported on	: 28-09-2024 12:31	Printed on	: 28-09-2024 13:35
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:28-09-2024 12:31

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Shaikh Nadeem Naushad Ali Age : 37 Y M
UHID : SCHE.0000088421 OP Visit No : SCHEOPV106368
Reported on : 28-09-2024 15:05 Printed on : 28-09-2024 15:07
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.

Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits. CBD not dilated.

Pancreas: Normal in size and echopattern.

Spleen : Mildly enlarged in size, echopattern it measures 12.9 cm

Kidneys : Both the kidneys are normal in size, shape and position.

Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK : 9.3 X 4.9 cm.

LK : 10.3 X 4.0cm.

No obvious mass/collection seen at the time of scan.

No fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.

Prostate: appears normal in size and echotexture. (Volume- 18cc).

IMPRESSION: MILD SPLENOMEGALY.

Clinical lab correlation.

Printed on:28-09-2024 15:05

---End of the Report---

Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology



Patient Name : Mr. Nadeem Shaikh
Age / Sex : 37 yrs / Male.
Ref Doctor : Health Check

Bill No : SCHE -
UHID NO : SCHE.0000088421
Report Date : 28 / 09 / 2024

2 - D & COLOUR DOPPLER ECHOCARDIOGRAPHY.

Interpretation Summary :

1. NORMAL LV SYSTOLIC FUNCTION (EF : 65%). NO E/O DIASTOLIC DYSFUNCTION. NO E/O ANY REGIONAL WALL MOTION ABNORMALITY.
2. NO E/O TR. NO E/O SIGNIFICANT PULMONARY HYPERTENSION.
3. NO CLOT / THROMBUS / VEGTATIONS IN LA/LV.
4. NO MR, NO AR. NORMAL AV, MV, TV AND PV.
5. NO E/O PERICARDIAL EFFUSION.

Left Ventricle.

The Left Ventricle is grossly normal in size. There is no thrombus. There is normal left ventricular wall thickness. Left Ventricular systolic function is normal.

Right Ventricle.

The Right Ventricle is grossly normal in size. There is normal right ventricular wall thickness. The right ventricular systolic function is normal.

Atria.

The Left Atrium is normal in size. Right Atrial size is normal. The interatrial septum is intact with no evidence of an Atrial Septal Defect.

Mitral Valve.

The Mitral Valve is grossly normal. There is no evidence of Mitral Valve Prolapse. There is no mitral valve stenosis. There is no mitral regurgitation noted.

Aortic Valve.

The Aortic Valve is trileaflet. There is no aortic valvular vegetation. No hemodynamically significant valvular aortic stenosis.

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Deonar, Chembur, Mumbai - 400088
Ph No: 022 - 4334 4600 | 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



Pulmonic Valve.

The Pulmonic Valve is seen, is grossly normal. There is no Pulmonic valvular stenosis. There is no Pulmonic valvular regurgitation.

Great Vessels.

The Aortic root is normal in size. No obvious dissection could be visualized. The Pulmonary artery is normal in size.

Pericardium/Pleural.

There is no Pericardial effusion.

M MODE/2D MEASUREMENTS & CALCULATIONS.

AO (mm) : 28
IVSd (mm) : 10
IVSs (mm) : 16
LVPWd (mm) : 11
EF(Teich)(mm) : 65%

LA (mm) : 30
LVIDd (mm) : 47
LVIDs (mm) : 29
LVPWs (mm) : 16

Dr. AMIT SHOBHAVAT
M.B.B.S
DNB (INTERNAL MEDICINE)

AGE: 37

QRS : 106 ms
 QT/QTcB : 394 / 403 ms
 PR : 176 ms
 P : 94 ms
 RR/PP : 956 / 950 ms
 P/QRS/T : 45 / 30 / 50 degrees
 QTd/QTcBd : 62 / 63 ms
 Sokolow : 1.8 mV
 NK : 8

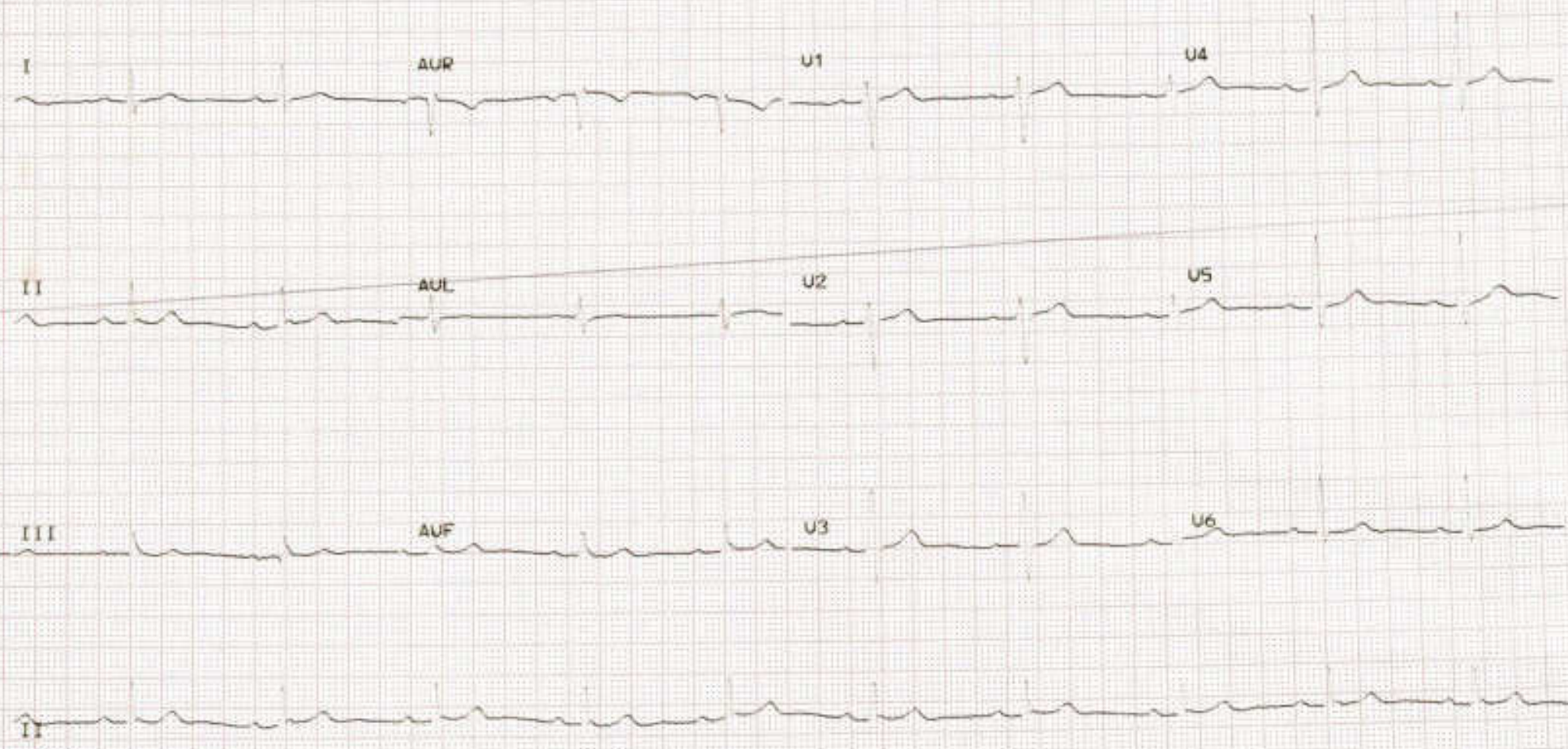
-90
 aUR
 aUL
 0 I
 III +90 II
 aVF

Interpretation
 normal ECG



Handwritten signature

Unconfirmed report.



DIETARY GUIDELINES

- No feasting, no fasting.
- Have small frequent & regular meals, Do not exceed
- **Cereals:** Eat whole grains and cereals. Oats, Nachni (ragi), Bajara, Jowar can be added to chapatti flour. Do not sieve the flour.
- **Restrict rice & corn; Avoid refined flour (Maida) products like bread, biscuits, Khari, toast, pasta, macaroni, noodles on regular basis.**
- **Pulses:** 2-3 servings of dals, pulses, lentils and sprouts to be consumed daily.
- **Milk:** Milk and milk products (low fat/ skimmed) like curd, paneer/ chenna (homemade) made of same amount of milk.; **Avoid concentrated dairy products, cheese, mayonnaise, butter, Vanaspati, margarine, ghee etc.**
- **Nuts allowed:** Almonds, walnuts, pistachio, can be eaten in mid meals or mornings.
- **Alsi / Jawas (Flaxseeds)** 2 tsp- roasted: whole or powdered to be eaten daily.
- Avoid coconut & groundnut usage in gravies and chutney.
- Cooking techniques such as grilling, steaming, dry roasting, shallow frying should be incorporated
- **Sugar:** Consumption of sugar, jaggery, honey and its products like jam, jelly, chocolates, ice creams, cakes, pastries, candies, aerated drinks and sweets to be avoided.
- Papad, pickle, canned, preserved foods, fried foods to be avoided.
- Consumption of alcohol and smoking should be avoided.
- Include 2 cups of Green tea per day.
- **Fruits:** 1-2 fruits (as per the list) to be consumed daily. Consume whole fruits and avoid juices.
- Restrict fruits like mango; grapes, chikoo, Custard apple, jackfruit and banana in your diet avoid fruit juices, milkshake.
- **Vegetables:** Eat vegetables liberally. Include plenty of salads and soups (clear or unstrained).
- **Water intake per day:** 3 liters.
- **Oil consumption:** 3 tsp per day/ ½ kg oil per month per person.

- Oils to be used for cooking prefer e.g....Groundnut, Mustard, Olive, Saffola (Gold), and Rice bran Oil & Canola oil.
- **Avoid** Coconut, Sunflower and Palm oil for cooking. Use non-stick cookware for cooking your food.
- **Exercise daily 45 mins to 1 hour:** Brisk walk / Yoga / gym / swimming / cycling / outdoor sports/ aerobics /Zumba.

VEGETABLE EXCHANGE LIST:

A	B	C
Low Kcal(Consume Liberally)	40 kcal (Less amts)	100 kcal (Restrict)
All Dark green leafy vegetables	Carrot, Onion, Beetroot	Potato, Raw banana
All Gourd Vegetables like Dudhi, turi, Padwal, White Pumpkin etc,	Gawar	Sweet potato
	Papdi	Yam
Other veg's: Bhindi, Karela, French beans, Cauliflower, zucchini, capicum, Tomato, Cucumber, tindli, kantola etc	Jackfruit (raw)	Tapioca
	Mushroom	Colocasia
	Green Plantain	Sabudana

FRUIT SERVING SIZE:

Fruits allowed	Serving	Fruits restricted	Serving
Amla	4-5 no.	Grapes	10-12no.
Jambu	10 no.	Banana (small), Chickoo	1 no.
Apple, Guava, Sweet lime, Orange, Pear, Peach, Kiwi	1 no.	Mango	2 slice
Plum	2 no.	Litchi, Jackfruit	3-4 no.
Pomegranate	½ no.	Seetaphal	½ no.
Watermelon, Musk melon	1 thin boat slice	Fruit Juice	NO
Pineapple, Papaya	2 thin boat slice	Sugarcane Juice	NO
Raspberries, Strawberries	150gm	Coconut water	NO
Fresh Figs	1 big/ 2 small		

Susan Thomas
Executive Dietician
E: diet.cbr@apollospectra.com



OUT- PATIENT RECORD

Date : 28/04/24
MRNO : 88421
Name :- Nadeem Sheikh
Age / Gender : 37 (m)
Mobile No:- _____

Department : **M.B.D.N.B.(General Medicine)**
Consultant **Dr. Amit Shobhavat**
Reg. No : 2001/09/3124
Qualification : F.C.C.M, Dip. Diabetology

Pulse : <u>68</u>	B.P : <u>130/80</u>	Resp : <u>18</u>	Temp : <u>97</u>
Weight : <u>93.8</u>	Height : <u>185</u>	BMI : <u>27.8 kg/m²</u>	Waist Circum : <u>113/108</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest - 104/105
SPO₂ 99

No Coronary Artery Disease
No Lung Disease
No Adrenal Disease
No Family History
wnt
P
in l .

physically fit

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date : 25.09.2024
MRNO :
Name :- SHAIKH NABEEM NAUSHAD MU
Age / Gender : 37y / MALE
Mobile No:-

Department : **Consultant ENT Surgeon**
Consultant **Dr. Roshni Nambiar**
Reg. No : 2006/02/1129
Qualification : M.B.B.S., DNB. Otorhinolaryngology

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Routine medical.

H/o occasional ear block - usually also E URTI

H/o (R) ear decreased hearing occasional tinnitus

OK

EARS

(R) (L)

BLV TM intact WNL

Rinne (+) (+)

Weber ← →

NOSE - mucosa WNL

Throat - water brash (+)

Neck WNL - NAD

⚡

Care of ears
Avoid ear buds.
Adequate hydration
Early night meals.

Adv
Audiometry

Follow up date:

Doctor Signature



OUT-PATIENT RECORD

Date: 28/9/24
MRNO: _____
Name: Mr. Shaikh N.
Age / Gender: 37yr/M.
Mobile No: _____

Department: **OPHTHALMOLOGY**
Consultant: **Dr. Neeta Sharma**
Reg. No: **68446**
Qualification: **MBBS, DIP. Ophthal.DNB (Ophthal)**

Pulse :	B.P. :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies History

Clinical Diagnosis & Management Plan

for m.c.

o/e

clear

Normal

VA R 6/6
A 6/9

VA R 6/6
ERG 6/6

VA R 5 N/5
ERG 5 N/5

NRe

Rij f.u. sm

Follow up date:

Doctor Signature:



AUDIOGRAM

Name: Mr. Madheem Jhatchy

Date: 28.09.2024

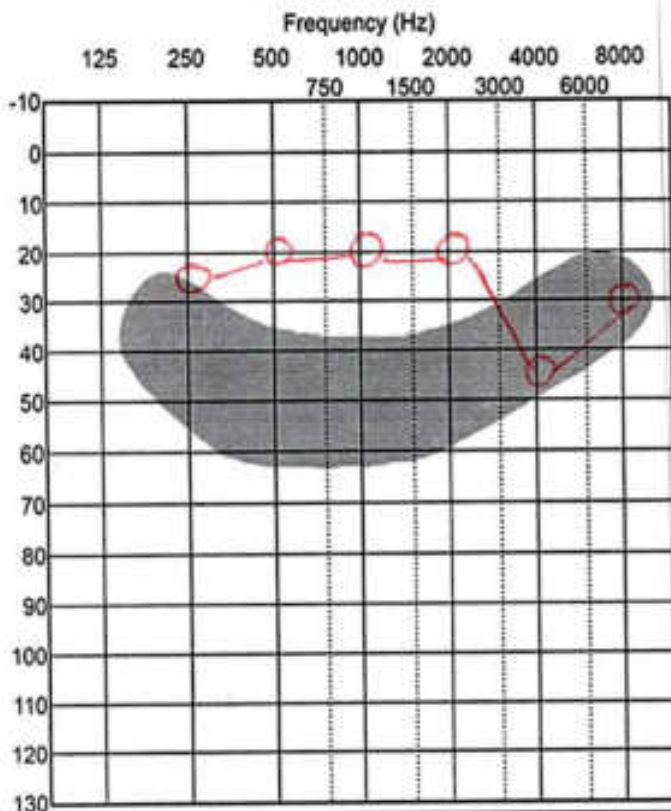
Ref. by: Dr. Roshni Nambiar

Age / Gender: 32 year / male

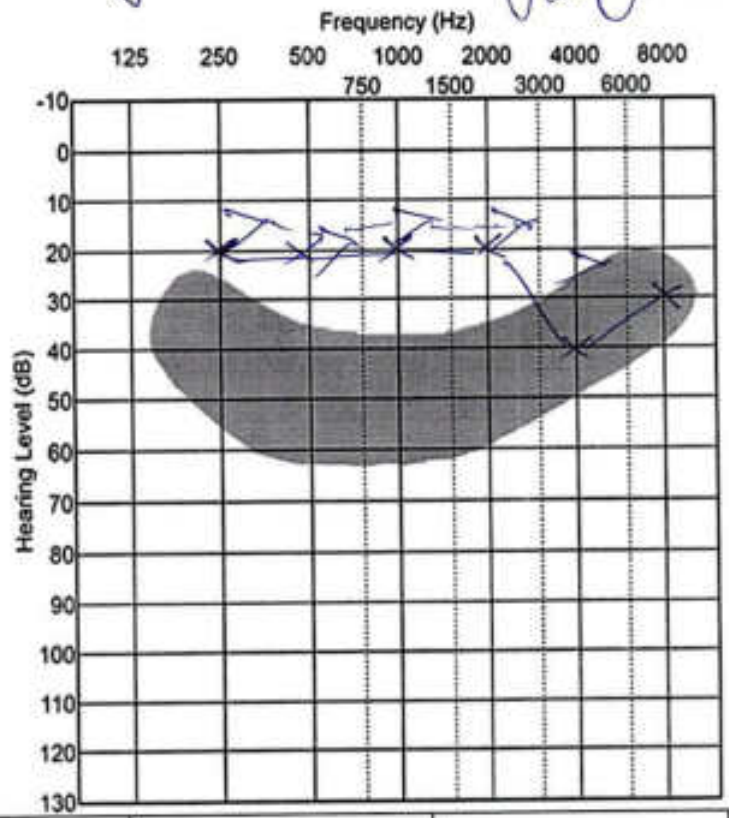
Brief history / chief Complaints:

pt. complain of reduced hearing in the **Deaf** pt. exposed to loud phon for long duration

RIGHT EAR



LEFT EAR



	Pure Tone Average (PTA)	Rinne	Weber
Right Ear	20 dB HL	+	
Left Ear	20 dB HL	+	

Interpretation: Bilateral minimal sensorineural hearing loss with a dip @ 4kHz

Recommendations: _____

Apollo Spectra Hospitals: Ujagar Compound, Opp. Deonar Bus Depot Main GPO, Deonar, Mumbai - 400088
Ph No: 022 - 4334 4600 | www.apollospectra.com

Doctor's Sign:



Date:- 28/09/24
 Phone:- 8169671941

Apollo Spectra
 HOSPITAL
 Specialists in Surgery

Patient Name:- Shaikh Nadeem Ali

Address:-

Age:- 37

Chief complaint:-

Intraoral Findings:-

- Prosthesis present w.r.t

- Fillings Present

- Dislodge restorⁿ

- Buccal pit $\frac{1}{8}$

6	7
76	6
7	

	56
8	

stains & calculi - +

Rx advised:-

- oral prophylaxis

- filling $\frac{1}{8}$

↳

Rx Done

- scaling Done - 1200

- composite filling $\frac{1}{7}$ 1500

GIC filling - $\frac{1}{8}$ 1000

3700/-



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदणी क्रमांक / Enrolment No.: 2006/60158/11515

To
शेख नदीम नौशाद अली
Shaikh Nadeem Naushad Ali
S/O: Shaikh Naushad Ali Abdul Shakoor
ROOM NO. 1, JAIKARWADI - 55
SHAIKH MISRI ROAD
WADALA EAST
Mumbai
Antop Hill
Mumbai Maharashtra - 400037
8169671941

Download Date: 18/02/2018

Generation Date: 18/02/2018

Signature valid



आपला आधार क्रमांक / Your Aadhaar No. :

9208 2179 9230

माझे आधार, माझी ओळख



भारत सरकार
Government of India



शेख नदीम नौशाद अली
Shaikh Nadeem Naushad Ali
जन्म तारीख/DOB: 17/03/1987
पुल्ल/ MALE

9208 2179 9230



माझे आधार, माझी ओळख



011-41195959

Dear Komal N Shaikh ,

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

Hospital Package Name : Mediwheel Full Body Annual Plus
Name of Diagnostic/Hospital : Apollo Spectra - Chembur
Address of Diagnostic/Hospital : Sunder Baug, Ujagar Compound, Opp. Deonar Bus Depot Main Gate, Off Sion Trombay Road, Deonar, Chembur - 400008
City : Mumbai
State : Maharashtra
Pincode : 400008
Appointment Date : 28-09-2024
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

Member Information			
Booked Member Name	Age	Gender	
Nadeem Shaikh	37 year	Male	

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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Ccf Team

From: noreply@apolloclinics.info
Sent: 26 August 2024 18:07
To: komal.thawali@bankofbaroda.co.in
Cc: cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;
foincharge.cbr@apollospectra.com
Subject: Your appointment is confirmed



Dear Nadeem Shaikh,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-09-07** at **08:15-08:30**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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.

Instructions to be followed for a health check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.

Patient Name	: Mr. Shaikh Nadeem Naushad Ali	Age/Gender	: 37 Y/M
UHID/MR No.	: SCHE.0000088421	OP Visit No	: SCHEOPV106368
Sample Collected on	:	Reported on	: 28-09-2024 15:07
LRN#	: RAD2420855	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30748		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver : Normal in size, shape and echotexture. No obvious mass seen. IHBR appear normal.
Gall Bladder : Well-distended, no obvious calculus seen. Wall thickness is within normal limits.
CBD not dilated.
Pancreas: Normal in size and echopattern.
Spleen : **Mildly enlarged in size, echopattern it measures 12.9 cm**
Kidneys : Both the kidneys are normal in size, shape and position.
Corticomedullary differentiation grossly maintained.
No obvious calculus/hydronephrosis seen.
RK : 9.3 X 4.9 cm.
LK : 10.3 X 4.0cm.
No obvious mass/collection seen at the time of scan.
No fluid seen in the peritoneal cavity.
Urinary bladder: Well distended with clear contents. Wall thickness is within normal limits.
Prostate: appears normal in size and echotexture. (Volume- 18cc).
IMPRESSION: MILD SPLENOMEGALY.

Clinical lab correlation.



Dr. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology

Patient Name	: Mr. Shaikh Nadeem Naushad Ali	Age/Gender	: 37 Y/M
UHID/MR No.	: SCHE.0000088421	OP Visit No	: SCHEOPV106368
Sample Collected on	:	Reported on	: 28-09-2024 12:32
LRN#	: RAD2420855	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 22S30748		

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. JAVED SIKANDAR TADVI
MBBS, DMRD, Radiologist
Radiology