

Patient Name	: Mr.PRAKASH NARAYAN SHIRKE	Collected	: 18/Sep/2024 08:29AM
Age/Gender	: 56 Y 4 M 27 D/M	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088205	Reported	: 18/Sep/2024 12:58PM
Visit ID	: SCHEOPV105958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32984		

**DEPARTMENT OF HAEMATOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.1	g/dL	13-17	Spectrophotometer
PCV	40.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.49</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	02	%	1-6	Electrical Impedence
MONOCYTES	03	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3360	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	<b>168</b>	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	254000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:BED240229110



Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
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**DEPARTMENT OF HAEMATOLOGY**

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

  
**DR. APARNA NAIK**  
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SIN No:BED240229110



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Patient Name : Mr.PRAKASH NARAYAN SHIRKE	Collected : 18/Sep/2024 11:14AM
Age/Gender : 56 Y 4 M 27 D/M	Received : 18/Sep/2024 11:36AM
UHID/MR No : SCHE.0000088205	Reported : 18/Sep/2024 12:56PM
Visit ID : SCHEOPV105958	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	101	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)	119	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:PLP1485834



Patient Name : Mr.PRAKASH NARAYAN SHIRKE	Collected : 18/Sep/2024 08:29AM
Age/Gender : 56 Y 4 M 27 D/M	Received : 18/Sep/2024 02:17PM
UHID/MR No : SCHE.0000088205	Reported : 18/Sep/2024 03:43PM
Visit ID : SCHEOPV105958	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E32984	

**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

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

**Note:** Dietary preparation or fasting is not required.

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



**Dr. Sandip Kumar Banerjee**  
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Consultant Pathologist



SIN No:EDT240090828

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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	79	mg/dL	<150	
HDL CHOLESTEROL	60	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		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:SE04826210





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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	81.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.01	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	35.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>8.50</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

Result is rechecked.



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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.632	µIU/mL	0.38-5.33	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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



SIN No: SPL24140016

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

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

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



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 M.B.B.S, M.D(PATHOLOGY), D.P.B  
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SIN No: SPL24140016



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Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.850	ng/mL	0-4	CLIA



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SIN No: SPL24140016

Patient Name : Mr.PRAKASH NARAYAN SHIRKE	Collected : 18/Sep/2024 08:29AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2412631





Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

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

  
**DR. APARNA NAIK**  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2412631



Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
Age/Gender : 56 Y 4 M 27 D/M  
UHID/MR No : SCHE.0000088205  
Visit ID : SCHEOPV105958  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E32984

Collected : 18/Sep/2024 08:29AM  
Received : 18/Sep/2024 12:03PM  
Reported : 18/Sep/2024 12:58PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### 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:UR2412631

Name : Mr. Prakash Narayan Shirke	Age: 56 Y	UHID:SCHE.0000088205
	Sex: M	
Address : Bhatwadi, Ghatkopar		OP Number:SCHEOPV105958
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT		Bill No :SCHE-OCR-24928
		Date : 18.09.2024 08:24

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	
<input checked="" type="checkbox"/>	1 GAMMA GLUTAMYL TRANSFERASE (GGT)	
<input checked="" type="checkbox"/>	2 PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
<input checked="" type="checkbox"/>	3 2 D ECHO	
<input checked="" type="checkbox"/>	4 LIVER FUNCTION TEST (LFT)	
<input checked="" type="checkbox"/>	5 GLUCOSE, FASTING	
<input checked="" type="checkbox"/>	6 HEMOGRAM + PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	7 DIET CONSULTATION	
<input checked="" type="checkbox"/>	8 COMPLETE URINE EXAMINATION	
<input checked="" type="checkbox"/>	9 URINE GLUCOSE(POST PRANDIAL)	
<input checked="" type="checkbox"/>	10 PERIPHERAL SMEAR	
<input checked="" type="checkbox"/>	11 ECG	
<input checked="" type="checkbox"/>	12 RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
<input checked="" type="checkbox"/>	13 DENTAL CONSULTATION	
<input checked="" type="checkbox"/>	14 GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) 09:30	11:30
<input checked="" type="checkbox"/>	15 URINE GLUCOSE(FASTING)	
<input checked="" type="checkbox"/>	16 HbA1c, GLYCATED HEMOGLOBIN	
<input checked="" type="checkbox"/>	17 X-RAY CHEST PA	
<input checked="" type="checkbox"/>	18 ENT CONSULTATION <i>Dr. R. Nambiar</i>	
<input checked="" type="checkbox"/>	19 FITNESS BY GENERAL PHYSICIAN	
<input checked="" type="checkbox"/>	20 BLOOD GROUP ABO AND RH FACTOR	
<input checked="" type="checkbox"/>	21 LIPID PROFILE	
<input checked="" type="checkbox"/>	22 BODY MASS INDEX (BMI)	
<input checked="" type="checkbox"/>	23 OPHTHAL BY GENERAL PHYSICIAN <i>Dr. N. Sharma</i>	
<input checked="" type="checkbox"/>	24 ULTRASOUND - WHOLE ABDOMEN	
<input checked="" type="checkbox"/>	25 THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

Patient Name	: Mr.PRAKASH NARAYAN SHIRKE	Collected	: 18/Sep/2024 08:29AM
Age/Gender	: 56 Y 4 M 27 D/M	Received	: 18/Sep/2024 10:43AM
UHID/MR No	: SCHE.0000088205	Reported	: 18/Sep/2024 12:58PM
Visit ID	: SCHEOPV105958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32984		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	14.1	g/dL	13-17	Spectrophotometer
PCV	40.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.49	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3360	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1960	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	112	Cells/cu.mm	20-500	Calculated
MONOCYTES	168	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	254000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				
NO HEMOPARASITES SEEN				

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 DR. APARNA NAIK  
 MBBS DPB  
 CONSULTANT PATHOLOGIST  
 SIN No:BED240229110







TOUCHING LIVES

Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

  
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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
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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 CONSULTANT PATHOLOGIST  
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TOUCHING LIVES

Patient Name	: Mr.PRAKASH NARAYAN SHIRKE	Collected	: 18/Sep/2024 11:14AM
Age/Gender	: 56 Y 4 M 27 D/M	Received	: 18/Sep/2024 11:36AM
UHID/MR No	: SCHE.0000088205	Reported	: 18/Sep/2024 12:56PM
Visit ID	: SCHEOPV105958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	101	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:

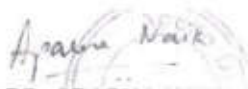
1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	119	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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 CONSULTANT PATHOLOGIST  
 SIN No:PLP1485834



TOUCHING LIVES

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 Age/Gender : 56 Y 4 M 27 D/M  
 UHID/MR No : SCHE.0000088205  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

**Comment:**

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

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

Note: Dietary preparation or fasting is not required.

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



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

SIN No:EDT240090828



TOUCHING LIVES

Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
 Age/Gender : 56 Y 4 M 27 D/M  
 UHID/MR No : SCHE.0000088205  
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	188	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	79	mg/dL	<150	
HDL CHOLESTEROL	60	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	128	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>112.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	15.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.13		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:SE04826210





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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	8-38	JSCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	81.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		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 DPB  
CONSULTANT PATHOLOGIST

SIN No:SE04826210



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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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TOUCHING LIVES

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.01	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	35.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	16.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	8.50	mg/dL	4.0-7.0	URICASE
CALCIUM	8.90	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.9	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.50	g/dL	6.7-8.3	BIURET
ALBUMIN	4.90	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.9-2.0	Calculated

Result is rechecked.

  
 DR. APARNA NAIK  
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TOUCHING LIVES

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	21.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.95	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.65	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.632	µIU/mL	0.38-5.33	CLIA

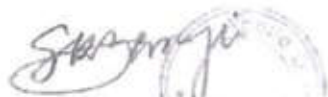
Comment:

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b>
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

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

SIN No:SPL24140016



TOUCHING LIVES

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y 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.Sandip Kumar Banerjee  
 M.B.B.S,M.D(PATHOLOGY),D.P.B  
 Consultant Pathologist

SIN No:SPL24140016

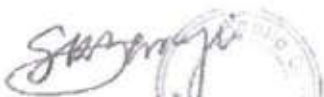


Patient Name	: Mr.PRAKASH NARAYAN SHIRKE	Collected	: 18/Sep/2024 08:29AM
Age/Gender	: 56 Y 4 M 27 D/M	Received	: 18/Sep/2024 02:17PM
UHID/MR No	: SCHE.0000088205	Reported	: 18/Sep/2024 04:28PM
Visit ID	: SCHEOPV105958	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E32984		

**DEPARTMENT OF IMMUNOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.850	ng/mL	0-4	CLIA



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

SIN No:SPL24140016





TOUCHING LIVES

Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
 Age/Gender : 56 Y 4 M 27 D/M  
 UHID/MR No : SCHE.0000088205  
 Visit ID : SCHEOPV105958  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 22E32984

Collected : 18/Sep/2024 08:29AM  
 Received : 18/Sep/2024 12:03PM  
 Reported : 18/Sep/2024 12:58PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 14 of 15

  
 DR. APARNA NAIK  
 MBBS DPB  
 CONSULTANT PATHOLOGIST

SIN No:UR2412631





TOUCHING LIVES

Patient Name : Mr.PRAKASH NARAYAN SHIRKE  
Age/Gender : 56 Y 4 M 27 D/M  
UHID/MR No : SCHE.0000088205  
Visit ID : SCHEOPV105958  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 22E32984

Collected : 18/Sep/2024 08:29AM  
Received : 18/Sep/2024 12:03PM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Page 15 of 15

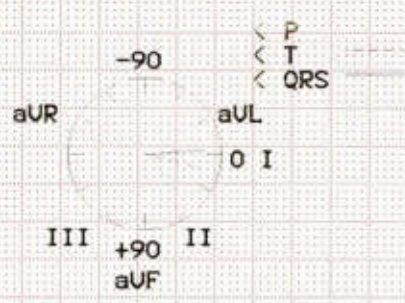
  
DR. APARNA NAIK  
MBBS DPB  
CONSULTANT PATHOLOGIST

SIN No:UR2412631





AGE: 56  
 Measurement Results  
 QRS : 112 ms  
 QT/QTcB : 426 / 414 ms  
 PR : 168 ms  
 P : 120 ms  
 RR/PP : 1058 / 1055 ms  
 P/QRS/T : 50 / -5 / 15 degrees  
 QTd/QTcBD : 30 / 29 ms  
 Sokolow : 1.1 mV  
 NK : 7

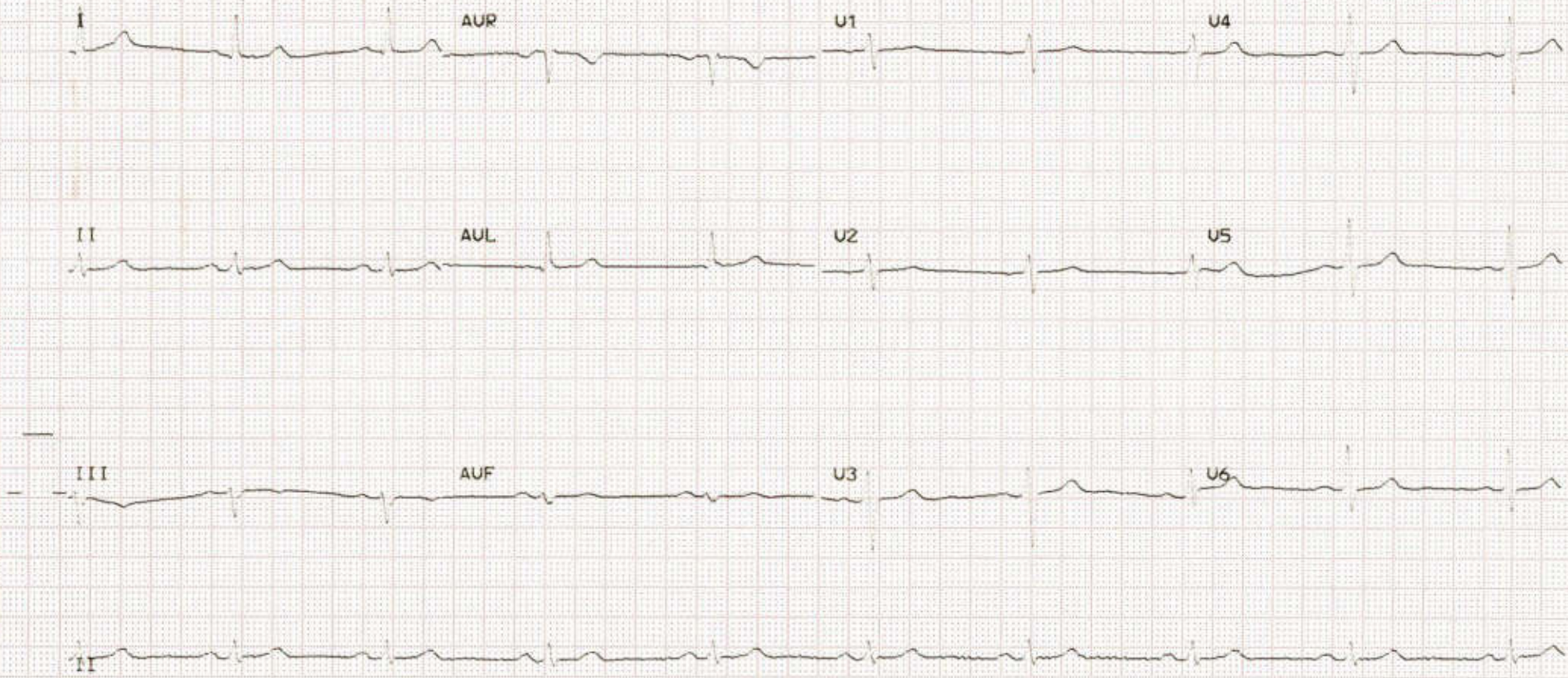


Interpretation:  
 minor left axis deviation,  
 probably normal ECG

*Normal Alex*  
*A*



Unconfirmed report.







Patient Name : Mr. Prakash Shirke  
Age / Sex : 56 yrs / Male.  
Ref Doctor : Health Check

Bill No : SCHE -OCR-24928  
UHID NO : SCHE.0000088205  
Report Date : 18 / 09 / 2024

## **2 – D & COLOUR DOPPLER ECHOCARDIOGRAPHY.**

### **Interpretation Summary :**

1. NORMAL LV SYSTOLIC FUNCTION (EF: 60%). 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.





### **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): 34	LA (mm): 38
IVSd (mm): 9	LVIDd (mm): 42
IVSs (mm): 15	LVIDs (mm): 27
LVPWd (mm): 11	LVPWs (mm): 16
EF(Teich)(mm) : 60%	

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



Patient Name	: Mr. Prakash Narayan Shirke	Age	: 56 Y M
UHID	: SCHE.0000088205	OP Visit No	: SCHEOPV105958
Reported on	: 18-09-2024 12:36	Printed on	: 18-09-2024 12:37
Adm/Consult Doctor	:	Ref Doctor	: SELF

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver** : Normal in size, shape and **shows increased echogenicity**. 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** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position. Corticomedullary differentiation grossly maintained.

No obvious calculus/hydronephrosis seen.

RK: 9.8 x 4.1 cm.

LK: 10.0 x 4.7cm.

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- 19cc).

**IMPRESSION: GRADE I FATTY LIVER.**

Printed on:18-09-2024 12:36

---End of the Report---

**Dr. JAVED SIKANDAR TADVI**  
MBBS, DMRD, Radiologist  
Radiology



Patient Name : Mr. Prakash Narayan Shirke Age : 56 Y M  
UHID : SCHE.0000088205 OP Visit No : SCHEOPV105958  
Reported on : 18-09-2024 12:30 Printed on : 18-09-2024 12:41  
Adm/Consult Doctor : Ref Doctor : SELF

**PLAIN RADIOGRAPH OF CHEST (PA VIEW)**

- Visualized lung fields are clear and translucent.
- Bilateral hila are normal.
- Bronchovascular markings are well appreciated and are normal.
- Both the costo-phrenic angles appears normal.
- Both cardio-phrenic angles are normal.
- Cardiac silhouette and mediastinum are normal.
- Trachea is central and appears normal.
- Visualized bones and soft tissue appears normal.
- Both the domes of diaphragm appears normal.

**IMPRESSION: ESSENTIALLY NORMAL CHEST RADIOGRAPHY STUDY.**

  
DR JAVED SIKANDER TADVI  
DMRD, RADIOLOGIST



## 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
<b>Low Kcal(Consume Liberally)</b>	<b>40 kcal (Less amts)</b>	<b>100 kcal (Restrict)</b>
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	<b>Fruit Juice</b>	<b>NO</b>
Pineapple, Papaya	2 thin boat slice	<b>Sugarcane Juice</b>	<b>NO</b>
Raspberries, Strawberries	150gm	<b>Coconut water</b>	<b>NO</b>
Fresh Figs	1 big/ 2 small		

Susan Thomas

Executive Dietician

E: [diet.cbr@apollospectra.com](mailto:diet.cbr@apollospectra.com)



**OUT- PATIENT RECORD**

Date : 18/09/24  
 MRNO : 88205  
 Name :- Prulada Shirke  
 Age / Gender : 56 (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>60/min</u>	B.P: <u>130/80</u>	Resp : <u>16</u>	Temp : <u>98.4</u>
Weight : <u>87.8</u>	Height : <u>168</u>	BMI : <u>31.1</u>	Waist Circum : <u>109/106</u>

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Chest :- 106/110  
SpO2 :- 98%

no comorbidity  
no surgical ill  
no admission  
U/M/P  
RA  
LD

physically fit

Follow up date:

Doctor Signature



**OUT- PATIENT RECORD**

Date : 18.09.2024  
MRNO :  
Name :- Prakash Narayan Shirke  
Age / Gender : 56 y/m  
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

Routine medical

Clinical Diagnosis & Management Plan

of

Ears (R) (L)

BLV - m intact WNL

Pinna (+) (+)

hebm. ← →

Nose

Pinna / mucosa WNL

Neck exam - NAD

Clinically normal ENT exam.

Follow up date:

Doctor Signature





**OUT- PATIENT RECORD**

Date : 18/9/24  
MRNO : \_\_\_\_\_  
Name :- Mr. P. N. Shuske  
Age / Gender : 56 yr/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

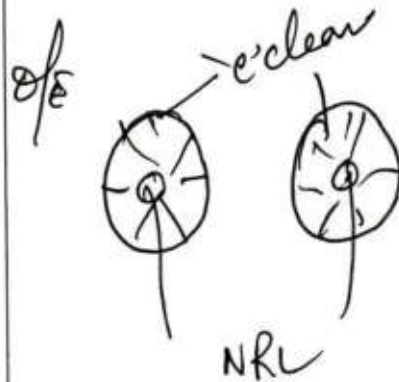
*In me. @ CV Normal*

*VA R 6/6  
A 6/6*

*VA R 6/6  
A 6/6*

*ERG. for distance*

*VA ERG. R N/5  
for near N/5*



*P. N. Shuske*

*NSL*

Follow up date:

Doctor Signature





Patient's Name:- Prakash Shirke

Date:- 18/09/24

Phone No:- 796016137

**Apollo Spectra**  
HOSPITALS  
Specialists in Surgery

C/c - Routine H.C.

J/R - occlusal caries  $\frac{+}{6}$  - proximal caries  $\frac{5}{6}$   
- Occlusal facets  $\frac{+}{6}$   
- Stains - +

Rx advised -

- Oral prophylaxis
- RVG followed by RCT?/ Filling  $\frac{6}{6}$
- 

Rx Done -



Handwritten signature or initials in blue ink.

Bank of Baroda  
બંક ઓફ બારોડા

Prakash Narayan Shitke  
પ્રકાશ નારાયણ શિત્કે

PS159723

Signature of Holder  
સહીકર્તાનું સહી



## Reshma Sangle

---

**From:** noreply@apolloclinics.info  
**Sent:** 10 September 2024 17:23  
**To:** prakashshirke2110@gmail.com  
**Cc:** cc.cbr@apollospectra.com; syamsunder.m@apollohl.com;  
foincharge.cbr@apollospectra.com  
**Subject:** Your appointment is confirmed



**Dear MR. SHIRKE PRAKASH NARAYAN,**

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **SPECTRA CHEMBUR** clinic on **2024-09-16** at **08:15-08:30**.

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LIMITED</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324]</b>

"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.

<b>Patient Name</b>	: Mr. Prakash Narayan Shirke	<b>Age/Gender</b>	: 56 Y/M
<b>UHID/MR No.</b>	: SCHE.0000088205	<b>OP Visit No</b>	: SCHEOPV105958
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 12:41
<b>LRN#</b>	: RAD2417183	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E32984		

**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



<b>Patient Name</b>	: Mr. Prakash Narayan Shirke	<b>Age/Gender</b>	: 56 Y/M
<b>UHID/MR No.</b>	: SCHE.0000088205	<b>OP Visit No</b>	: SCHEOPV105958
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 18-09-2024 12:37
<b>LRN#</b>	: RAD2417183	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 22E32984		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

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**Pancreas**: Normal in size and echopattern.


**Spleen** : Normal in size, echopattern

**Kidneys** : Both the kidneys are normal in size, shape and position.  
Corticomedullary differentiation grossly maintained.  
No obvious calculus/hydronephrosis seen.  
RK: 9.8 x 4.1 cm.  
LK: 10.0 x 4.7cm.  
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- 19cc).

**IMPRESSION: GRADE I FATTY LIVER.**



**Dr. JAVED SIKANDAR TADVI**  
**MBBS, DMRD, Radiologist**  
Radiology