

Patient Name	: Mr. Nitin Kumar Gautam	Age/Gender	: 33 Y/M
UHID/MR No.	: STAR.0000055331	OP Visit No	: STAROPV67236
Sample Collected on	:	Reported on	: 12-02-2024 11:31
LRN#	: RAD2232063	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 918938888499		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. VINOD SHETTY
Radiology

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UHID/MR No.	: STAR.0000055331	OP Visit No	: STAROPV67236
Sample Collected on	:	Reported on	: 12-02-2024 09:14
LRN#	: RAD2232063	Specimen	:
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Emp/Auth/TPA ID	: 918938888499		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 11.4 x 4.1 cms and the **LEFT KIDNEY** measures 11.3 x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

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

PROSTATE : The prostate measures 2.9 x 3.0 x 2.3 cms and weighs 10.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. VINOD SHETTY
Radiology

OUT- PATIENT RECORD

Date : 10/2/24.
MRNO :
Name : Nitin Kumar Gautam.
Age/Gender : 33/M
Mobile No :
Passport No :
Aadhar number :

Pulse : 86	B.P : 110/70	Resp : 20b/m	Temp : 98°F.
Weight : 96	Height : 173	BMI : 32.1	Waist Circum : 101

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

married, Nonvegetarian
sleep: @ B/B @ No Allergy.
No addiction
Hx: Nil.
Lipid ↑
1) Avoid oil / ghee
2) morning walk 45 min
3) Repeat lipid after 2 months.

Follow up date:

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

Doctor Signature



Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

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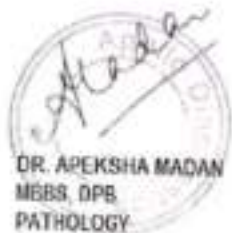
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 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
 RBC : Normocytic normochromic
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
 IMPRESSION : Normocytic normochromic blood picture
 Note/Comment : Please Correlate clinically



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Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore: 13/3/A, A. C. ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

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Age/Gender :	33 Y 6 M 23 DM	Received :	10/Feb/2024 12:51PM	
UHID/MR No :	STAR.0000056331	Reported :	10/Feb/2024 04:50PM	
Visit ID :	STAROPV67236	Status :	Final Report	
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID :	918938888499			

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	42.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.51	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.8	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3648.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2012.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	125.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	503.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen




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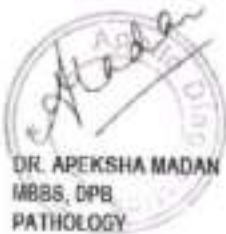
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Warangal : 2-5-550, 2-5-227, Circuit House Road, Nakkallagutta, Hanamkonda, Telangana - 506002 T:9100910976

TRIPURA

Agartala : H. No.233873, HoldingNo 70 A, Ward No.23, A A Road, Near Joyguru Stand Area, Dhaleswar, Agartala - 799007 T: 8336978924

WEST BENGAL

Kolkata: 336 , Canal Street , VIP Road , Lake Town , Kolkata - 700048, Near Lake Town Clock Tower, West Bengal 700048; T- 03340623245

Cooch Behar: B.S.Road, Near Central Bank, Cooch Behar, West Bengal, 736101; T- 9832400083

Siliguri: 3A,3B Creascent Court Building, Jhankar More, Burdwan Road, Darjeeling, Pin 734005 ; T- 8231944412

Berhampore: 13/3/A, A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

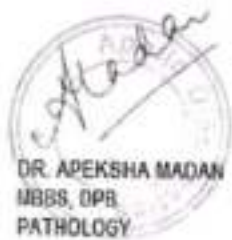
Patient Name	: Mr.NITIN KUMAR GAUTAM	Collected	: 10/Feb/2024 09:36AM	Expertise. Empowering you.
Age/Gender	: 33 Y 8 M 23 D/M	Received	: 10/Feb/2024 12:51PM	
UHIDMR No	: STAR.0000055331	Reported	: 10/Feb/2024 08:30PM	
Visit ID	: STARCPV67235	Status	: Final Report	
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID	: 918938888499			

DEPARTMENT OF HAEMATOLOGY

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

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





DR. APEKSHA MADAN
MBBS, DNB
PATHOLOGY

SIN No:BED240033472

TERMS AND CONDITIONS GOVERNING THIS REPORT

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OUR LAB NETWORK

ANDHRA PRADESH

Guntur : Ground Floor 4-15-91/1, Bharat Peta Road, Guntur - 522007 T: 9642101777 / 0863 223 2213

Rajahmundry : 22-9-15/2, Korukonda Road, Opp. Biljili Ice Factory, Jayakrishna Puram, Rajahmundry - 533105 T: 9100910996

Tirupathi : D No:23-9-99/3, Amaravathi Nagar, M R Paia Main Road, Tirupathi - 517501 T: 9515965968 / 8772243415 / 8227743414

Vijayawada : Parmeshwara Complex, Venkateshwara Puram, Vijayawada - 520010:06682497878 / 9100105801

Visakhapatnam : Plot NO- MIO-76, Sector-3, D No-1-83-18/1/L, Double Road, MVP Colony, Vizag - 530017 T: 9100910952

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Berhampore: 13/3/A, A. C ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103; T- 0348291029

Patient Name :	Mr.NITIN KUMAR GAUTAM	Collected :	10/Feb/2024 04:40PM	<i>Expertise. Empowering you.</i>
Age/Gender :	33 Y 8 M 23 D/M	Received :	10/Feb/2024 05:48PM	
UHID/MR No :	STAR.0000055331	Reported :	10/Feb/2024 06:40PM	
Visit ID :	STAROPV67236	Status :	Final Report	
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID :	918938888499			

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

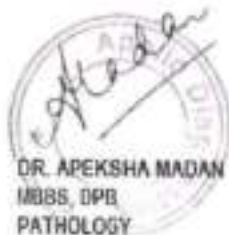
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	GOD - POD

Comment:

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

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

DR. APEKSHA MADAN
MBBS, DPM
PATHOLOGY

SIN No:PLP1418070

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Patient Name : Mr.NITIN KUMAR GAUTAM
Age/Gender : 33 Y 8 M 23 DM
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Collected : 10/Feb/2024 09:36AM *Expertise. Empowering you.*
Received : 10/Feb/2024 04:37PM
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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. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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
 - HbF >25%
 - 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: EDT240014745



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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	246	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	26	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.77		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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Berhampore: 13/3/A, A. C. ROAD, INDAPRASTHA,PO-KHAGRA,PS-BERHAMPORE,DIST-MURSHIDABAD,PIN- 742103, T- 0348291029

Patient Name : Mr.NITIN KUMAR GAUTAM Age/Gender : 33 Y 8 M 23 DM UHID/MR No : STAR.0000055331 Visit ID : STAROPV67238 Ref Doctor : Dr.SELF Empl/Auth/TPA ID : 918938888499	Collected : 10/Feb/2024 09:36AM Received : 10/Feb/2024 04:40PM Reported : 10/Feb/2024 05:40PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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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. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (male) – 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 disease, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.




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UHID/MR No :	STAR.0000055331	Reported :	10/Feb/2024 06:27PM	
Visit ID :	STAROPV67236	Status :	Final Report	
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED	
Emp/Auth/TPA ID :	918938686499			

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	15.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5-8.5	Uricase
CALCIUM	8.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139.6	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.1	mmol/L	98 - 107	Direct ISE



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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT), SERUM	24.00	U/L	15-73	Glycylglycine Nitoranalide



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TOUG Patient Name : Mr.NITIN KUMAR GAUTAM Age/Gender : 33 Y 8 M 23 D/M UHID/MR No : STAR.0000055331 Visit ID : STAROPV67236 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 918938888499	Collected : 10/Feb/2024 09:36AM Received : 10/Feb/2024 01:12PM Reported : 10/Feb/2024 04:38PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

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

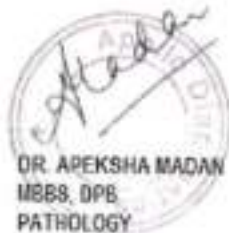
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.28	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.360	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR. APEKSHA MADAN
 MBBS, DPM
 PATHOLOGY

STN No: SPL24022018

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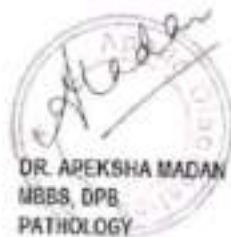
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
 MBBS, DNB
 PATHOLOGY



SIN No: UR2279447

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10/2/22

Measurement Results:

QRS	:	88 ms
QT/QTcB	:	374 / 447 ms
PR	:	134 ms
P	:	108 ms
RR/PP	:	696 / 695 ms
P/QRS/T	:	57 / 3 / 39 degrees



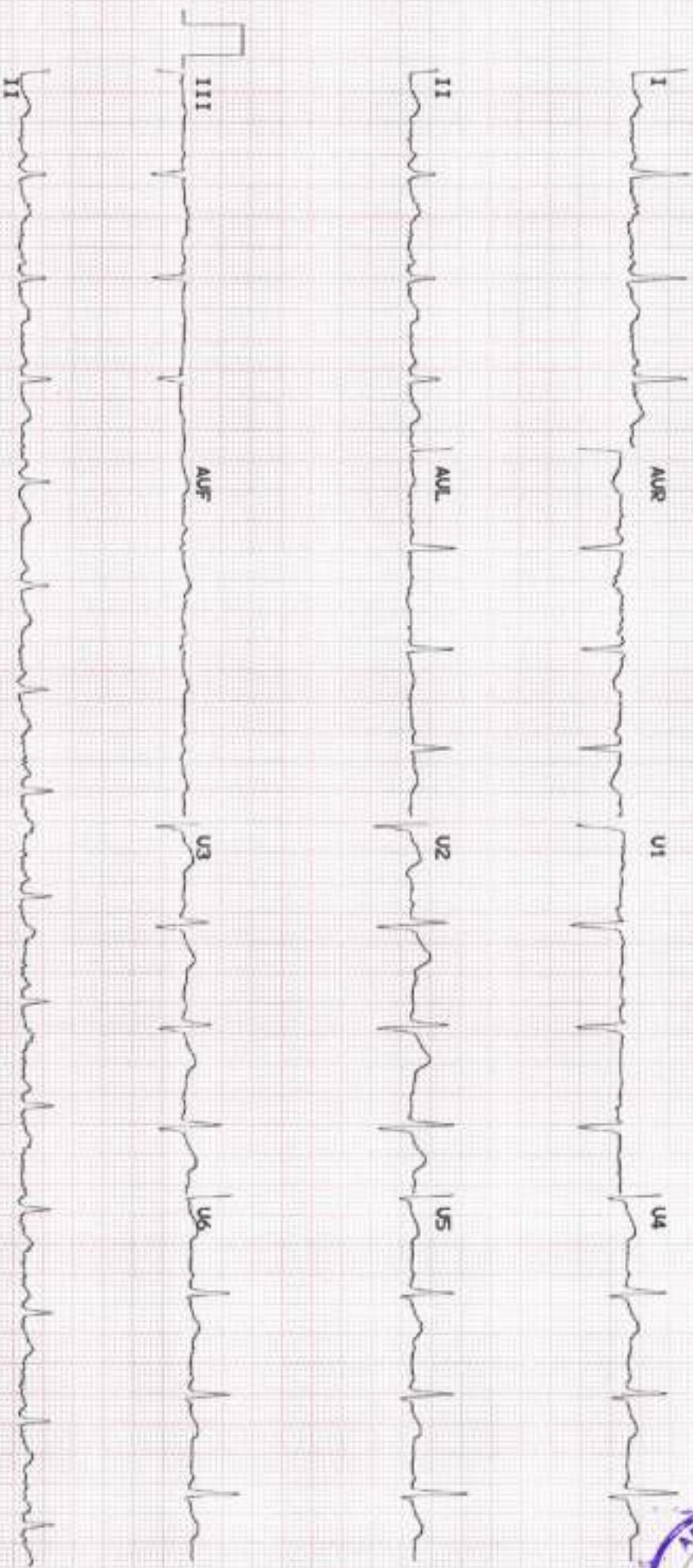
Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

nitin Normal limits

[Signature]

Dr. (Mrs.) CHH. RA P. VAJA
 M.D. (MUM)
 Physician & Cardiologist
 Reg No. 53942

Unconfirmed report.



Patient Name	: Mr. Nitin Kumar Gautam	Age	: 33 Y M
UHID	: STAR.0000055331	OP Visit No	: STAROPV67236
Reported on	: 12-02-2024 11:31	Printed on	: 12-02-2024 11:31
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:12-02-2024 11:31

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mr.Nitin Kumar Gautam
Age : 33 Year(s)

Date : 10/02/2024
Sex : Male
Visit Type : OPD


ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

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(Formerly known as Nova Specialty Hospital Pvt. Ltd.)

Regd. Office: 7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Ameerpet, Hyderabad, Telangana - 500038
Ph No: 040 - 4904 7777 | www.apollohl.com

Name : Mr.Nitin Kumar Gautam
Age : 33 Year(s)

Date : 10/02/2024
Sex : Male
Visit Type : OPD

Dimension:

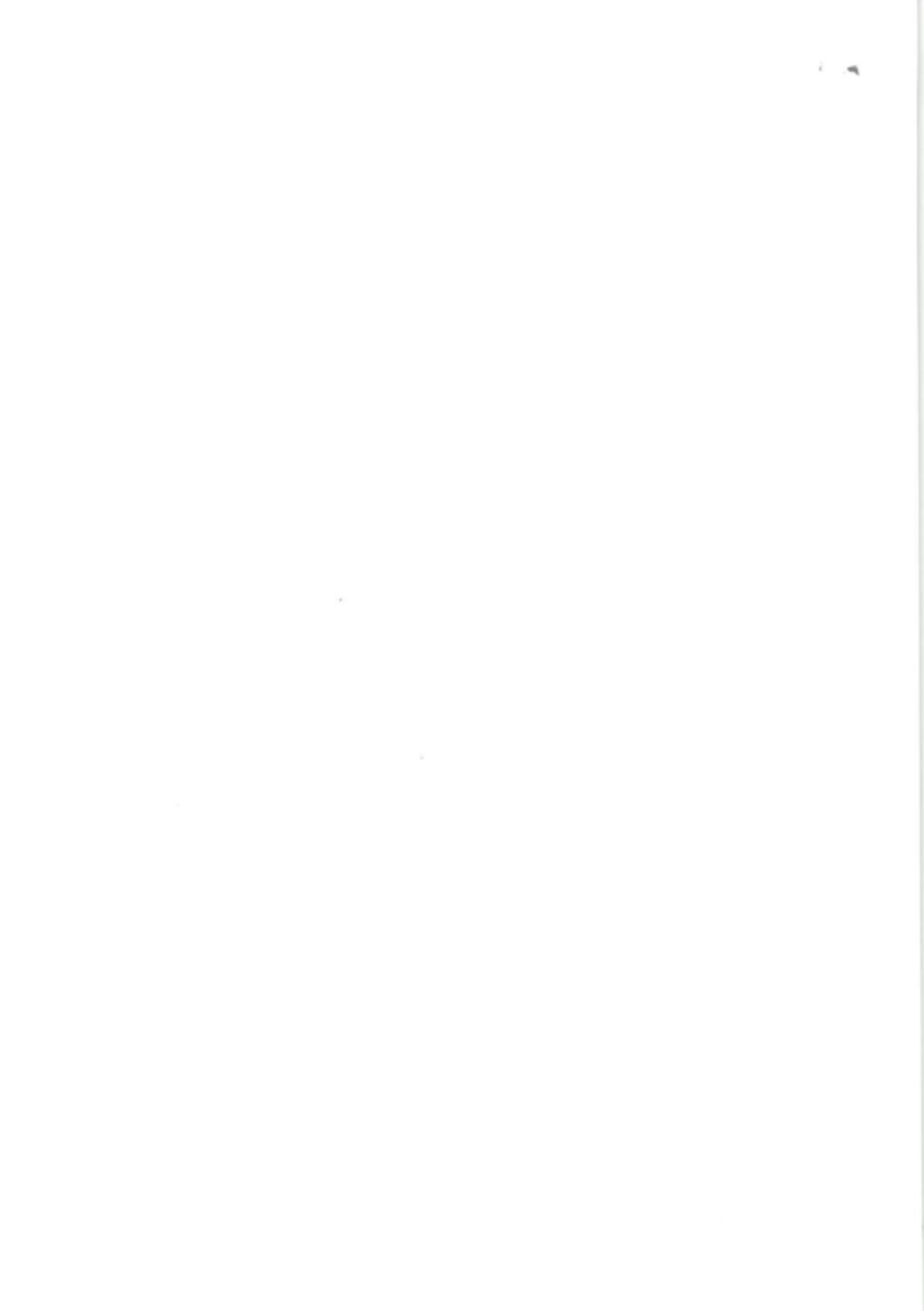
EF Slope	130mm/sec
EPSS	06mm
LA	28mm
AO	32mm
LVID (d)	47mm
LVID(s)	28mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)


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

Apollo Spectra Hospitals: 156, Famous Cine Labs, Behind Everest Building, Tardeo, Mumbai - 400034
Ph No: 022 - 4332 4500 | www.apollospectra.com

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

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



Patient Name : MR. NITIN KUMAR GAUTAM
Ref. By : HEALTH CHECK UP

Date : 10-02-2024

Age : 33 years

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

KIDNEYS : The **RIGHT KIDNEY** measures 11.4 x 4.1 cms and the **LEFT KIDNEY** measures 11.3 x 5.3 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.


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

PROSTATE : The prostate measures 2.9 x 3.0 x 2.3 cms and weighs 10.8 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY BLADDER : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION : The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.

Report with compliments.


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

Name: Mr Nitin Kumar Gaudam
Age: 33 yr/M

10/02/2024

- For Health Consultation
- Offers no ENT complaints

O/E - Ears -  B/L TM intact, mobile

Nose -  Mild deviation of septum to (R)
Mucosa @
No discharge

Throat - NAD

Imp: ENT-NAD


MAJ (DR) SHRUTI NIL SHARMA
M.S. (ENT), PGDHHM, PGDMLS
MMC - 2019096177

EYE REPORT

Name: *Nisha Krishna Gaudin*

Date: *10/02/2015*

Age / Sex: *33 y / M*

Ref No.:

Complaint: *No ocular abn*
No Mo SB/DM

Examination

U/L 1/6
U/L 1/6

near U/L 1/6

Spectacle Rx

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

Remarks: *Wider base of eye*

Medications: *Nil*

Trade Name	Frequency	Duration

Follow up: *As per KMR*

Consultant:

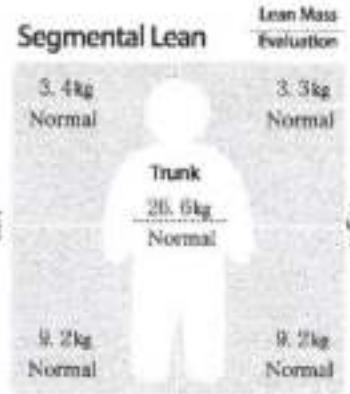


ID: _____ | Height 173cm | Date 10.2.2024 | APOLLO SPECTRA HOSPITAL
 Age 33 | Gender Male | Time 12:51:32

Body Composition

	Under	Normal	Over	unit	Normal Range
Weight	40 50 60 70 80 90 100 110 120 130 140 150 160			kg	56.0 ~ 75.7
Muscle Mass <small>Skeletal Muscle Mass</small>	40 50 60 70 80 90 100 110 120 130 140 150 160			kg	28.1 ~ 34.4
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260			%	7.9 ~ 15.8
TBW <small>Total Body Water</small>	41.9 kg (37.0 ~ 45.3)		FFM <small>Fat Free Mass</small>	57.0 kg (48.1 ~ 59.9)	
Protein	11.2 kg (9.9 ~ 12.1)		Mineral*	3.92 kg (3.43 ~ 4.19)	

* Mineral is estimated.



Obesity Diagnosis

	Value	Normal Range
BMI <small>Body Mass Index (kg/m²)</small>	32.1	18.5 ~ 25.0
PBF <small>Percent Body Fat (%)</small>	40.7	10.0 ~ 20.0
WHR <small>Waist Hip Ratio</small>	1.05	0.80 ~ 0.90
BMR <small>Basal Metabolic Rate (kcal)</small>	1602	1960 ~ 2313

Nutritional Evaluation

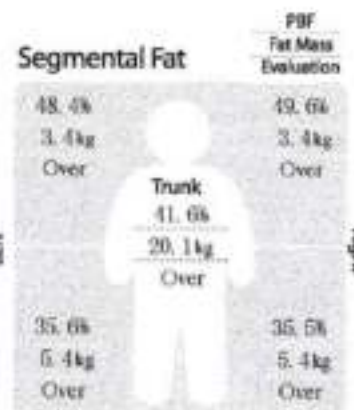
Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient <input checked="" type="checkbox"/> Excessive

Weight Management

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

Obesity Diagnosis

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



* Segmental Fat is estimated.

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	29.1 kg	Fitness Score	52
----------------	--------	-------------	---------	---------------	----

Impedance

Z	RA	LA	TR	RL	LL
20Hz	310.1	301.1	265.6	231.4	233.2
100Hz	278.8	269.9	233.5	208.8	209.3

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner

Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 96.2 kg / Duration: 30min. / unit: kcal)											
Walking	192	Jogging	337	Bicycle	269	Swim	337	Mountain Climbing	314	Aerobic	337
Table Tennis	217	Tennis	289	Football	337	Oriental Fencing	481	Gate ball	183	Badminton	217
Racket ball	481	Table-tennis	481	Squash	481	Basketball	289	Rope jumping	337	Golf	169
Push-ups (movement of upper body)		Sit-ups (movement of lower body)		Weight training (include the protection)		Dumbbell exercise (include strength)		Elastic band (include strength)		Squats (include movement of lower body)	

How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

• Recommended calorie intake per day
 1700 kcal

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

Patient Name : Mr.NITIN KUMAR GAUTAM
Age/Gender : 33 Y 8 M 23 D/M
UHID/MR No : STAR.0000055331
Visit ID : STAROPV67236
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 918938888499

Collected : 10/Feb/2024 09:36AM
Received : 10/Feb/2024 12:51PM
Reported : 10/Feb/2024 04:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic
RBC : Normocytic normochromic
WBC : Normal in number, morphology and distribution. No abnormal cells seen
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
IMPRESSION : Normocytic normochromic blood picture
Note/Comment : Please Correlate clinically



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UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 04:50PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	42.30	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.51	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.8	fL	83-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,290	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	32	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3648.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2012.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	125.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	503.2	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	267000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	20	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

Methodology : Microscopic

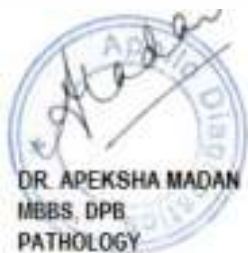
RBC : Normocytic normochromic

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

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

Page 2 of 12



SIN No:BED240033472

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:

188, Feroze Circle Lane, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022-4332-4300

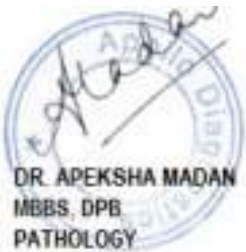
Patient Name : Mr.NITIN KUMAR GAUTAM
Age/Gender : 33 Y 8 M 23 D/M
UHID/MR No : STAR.0000055331
Visit ID : STAROPV67236
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 918938888499

Collected : 10/Feb/2024 09:36AM
Received : 10/Feb/2024 12:51PM
Reported : 10/Feb/2024 04:50PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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



SIN No:BED240033472

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 12:51PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 06:30PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF HAEMATOLOGY

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

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



SIN No:BED240033472

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 04:40PM
Age/Gender : 33 Y 8 M 23 DM	Received : 10/Feb/2024 05:48PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 06:40PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

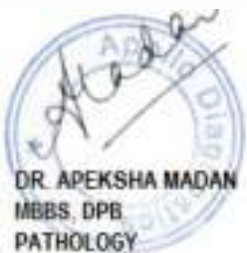
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	109	mg/dL	70-140	GOD - POD

Comment:

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

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



Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 04:37PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 05:43PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

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

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

Note: Dietary preparation or fasting is not required.

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



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



SIN No: EDT240014745

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Ph: 022-4332-4300

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
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Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	176	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	246	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	26	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	150	mg/dL	<130	Calculated
LDL CHOLESTEROL	100.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	49.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.77		0-4.97	Calculated

Comment:

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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



SIN No:SE04625049

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 05:40PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.65	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	31	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	99.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	3.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

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

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.



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



SIN No:SE04625049

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Visit ID : STAROPV67236	Status : Final Report
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Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	15.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	7.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	3.5-8.5	Uricase
CALCIUM	8.70	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	139.6	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103.1	mmol/L	98 - 107	Direct ISE



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Consultant Pathologist



SIN No:SE04625049

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 04:40PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 05:40PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	24.00	U/L	15-73	Glycylglycine Nitoranalide



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



SIN No:SE04625049

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 01:12PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 04:38PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.28	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.360	µIU/mL	0.25-5.0	ELFA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL24022018

Patient Name : Mr.NITIN KUMAR GAUTAM	Collected : 10/Feb/2024 09:36AM
Age/Gender : 33 Y 8 M 23 D/M	Received : 10/Feb/2024 05:01PM
UHID/MR No : STAR.0000055331	Reported : 10/Feb/2024 08:40PM
Visit ID : STAROPV67236	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 918938888499	

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***

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SIN No:UR2279447

Apollo Speciality Hospitals Private Limited
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