



26590 041124

Name : MR. KARTIK GORI	Registration ID : 26590	Sample Collection : 04/11/2024 09:18:15
Age/Sex : 30 Yrs. / M	Printed : 05/11/2024 15:26:51	Sample Received : 04/11/2024 09:18:15
Ref. By : J M FINANCE SERVICES LTD	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 04/11/2024 14:07:13

COMPLETE BLOOD COUNT

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 12.5	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 6.00	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 43.1	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 71.8	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 20.8	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 29.0	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 17.00	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 5700	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 45	%	40-75 %
Eosinophils Percentage (Calculated)	: 02	%	1-6 %
Lymphocyte Percentage (Calculated)	: 45	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 08	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 237000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 07	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.



Dr. Santosh Khairnar
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-
 2000/08/2926





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----- End Of Report -----



Signature
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M.D. (Pathologist)
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Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 111	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	: 79	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:30:49)

HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 5.50	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 111.15	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

Interpretation:

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 17:37:58)



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BLOOD GROUP


Test	Result	Unit	Biological Ref. Range
Blood Group	: 'O' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:50:18)

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LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 117	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 48	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 33	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 74.40	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 9.6	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.3		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 3.5		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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LIVER FUNCTION TEST


Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.68	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.35	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.33	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 21.4	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 26.9	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 100	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 6.9	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.0	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.9	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.38		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i>	: 29	U/L	0-55 U/L

Test Done on - Automated Biochemistry Analyzer (EM 200).

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SERUM CREATININE

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.89	mg/dl	0.7-1.3 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

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Test	Result	Unit	Biological Ref. Range
Urea	: 15.20	mg/dl	19-45 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 7.10 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

All Samples Processed At Excellas Clinics Mulund Centre(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:37)***SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 6.30	mg/dl	3.5-7.2 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:32:42)

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BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 7.98		5-20

Serum, Method: Calculated

NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 14:33:02)

SERUM ALKALINE PHOSPHATASE

Test	Result	Unit	Biological Ref. Range
S. Alkaline Phosphatase	: 100	IU/L	53-128 IU/L

Serum, Method: IFCC with AMP buffer


Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre

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THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.5	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 10.59	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 3.49	µIU/ml	0.27-5.3 µIU/ml
<i>Serum, Method: CLIA</i>			


Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 12.0	ng/ml	Deficient : Less than or equal to 20, Insufficient : 21 - 29, Sufficient : More than or equal to 30

Note:
 Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults. Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status. Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL). Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food (mostly in fatty fish) . Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body. The active form of the molecule is the 1,25-(OH)₂ vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitamin D (calcidiol) The second hydroxylation occurs in the kidney and other tissues as well to yield biologically active 1,25-(OH)₂ Vitamin D. The 25-(OH) Vitamin D is the main storage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which makes 25 - (OH) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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VITAMIN - B12

Test	Result	Unit	Biological Ref. Range
Vitamin B12	: 327.0	pg/ml	183 - 822 pg/ml

Method: ECLIA

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

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EXAMINATION OF URINE

Test	Result	Unit	Biological Ref. Range
<u>PHYSICAL EXAMINATION</u>			
Quantity :	10	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.025		1.010 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells :	0 - 1	/ hpf	
Pus cells :	0 - 1	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<u>OTHER FINDINGS</u>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Deepak Mishra
D.N.B. (Radio-
Diagnosis)
Reg. No:
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MR. KARTIK GORI. AGE:-30YRS/MALE. R09 CHEST PA 04-Nov-24 09:41 AM
EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 05/11/2024 12:51:16)

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SERVICES LTD

USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size (13.9 cms) and shows normal parenchymal echogenicity.
No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Gall Bladder:- is well distended. No calculus or mass lesion is seen.
No GB wall thickening or pericholecystic fluid is seen.

CBD :- is normal.

Pancreas:- is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (9.2 cms) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 10.1 x 5.6 cms

Left kidney – 10.8 x 6.1 cms

Urinary Bladder:- is well distended and shows normal wall thickness.
No intraluminal lesion seen.

Prostate:- is normal in size, reflectivity and measures 2.8 x 2.6 x 2.5 cms
(Volume – 9.8 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

Umbilical Hernia noted with omentum as its content measures 2.7 cms.

IMPRESSION:

- Reducible fat containing umbilical hernia.

Thanks for the Referral

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported By: Dr. Deepak Mishra (04/11/2024 14:33:03)



Dr. Deepak Mishra

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Ref. By : J M FINANCE Sent By : Arcofemi Healthcare Pvt Ltd
SERVICES LTD

OPHTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 04/11/2024 09:18:15, Received At: 04/11/2024 09:18:15, Reported At: 04/11/2024 16:54:03)

----- End Of Report -----



B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai

3513/KARTIK GORI 30 Yrs/Male 107 Kg/183 Cms

Date: 04-Nov-2024 10:53:31 AM

Ref.By : MEDIWHEEL

Medication : NIL

Objective :

Protocol : BRUCE

History : NIL

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	65	120/80	78	-	
Standing					1.0	57	120/80	68	-	
HV					1.0	74	120/80	88	-	
ExStart					1.0	73	120/80	87	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	102	120/80	122	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	119	130/80	154	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	136	140/90	190	-	
PeakEx	0:51	9:52	4.2	16.0	11.2	170	150/100	255	-	
Recovery	1:00		0.0	0.0	4.3	146	160/100	233	-	
Recovery	2:00		0.0	0.0	1.0	103	150/100	154	-	
Recovery	3:00		0.0	0.0	1.0	98	140/90	137	-	
Recovery	3:06		0.0	0.0	1.0	103	130/80	133	-	

Findings :

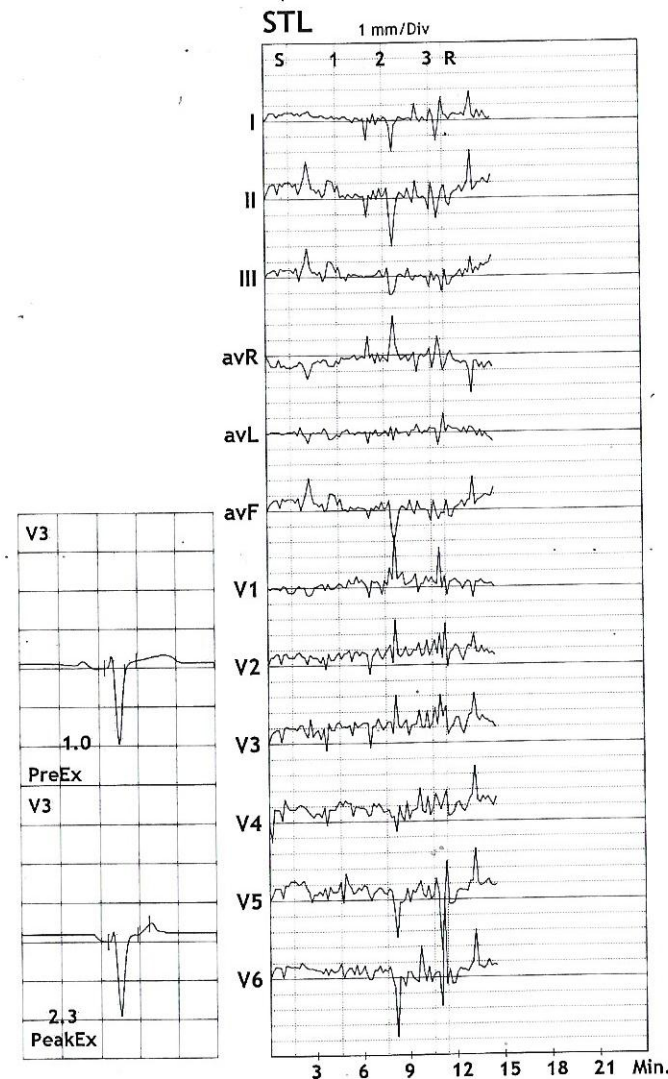
Exercise Time : 9:52 minutes
 Max HR attained : 170 bpm 89% of Max Predictable HR 190
 Max BP : 160/100(mmHg)
 WorkLoad attained : 11.2 (Good Effort Tolerance)
 No Significant ST segment changes seen during exercise or recovery
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maxmum Depression: 6:39

Disclaimer : Negative stress test does not rule out coronary artery disease

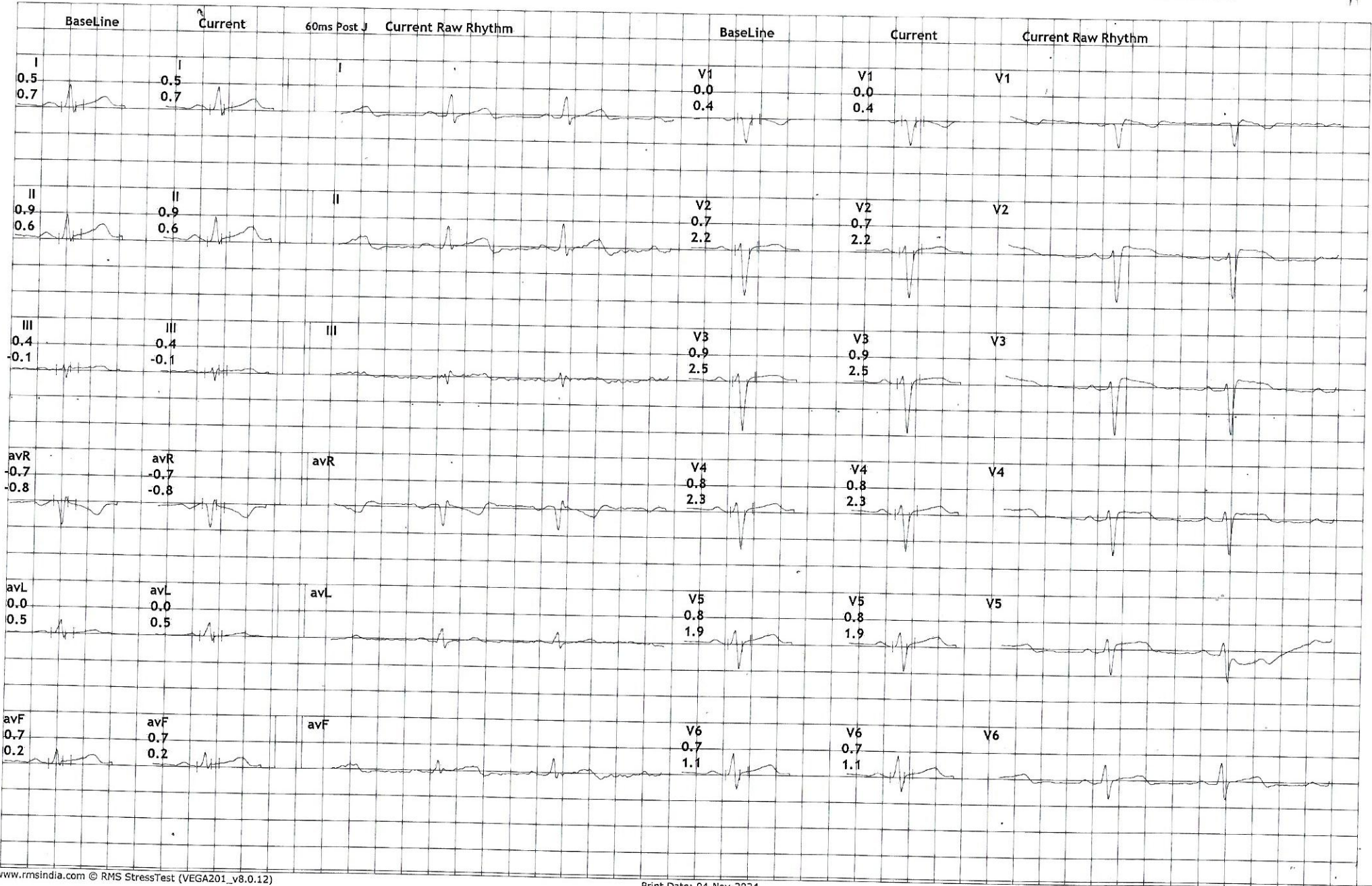
Advice/Positive: stress test is suggestive but not confirmatory of coronary artery disease.

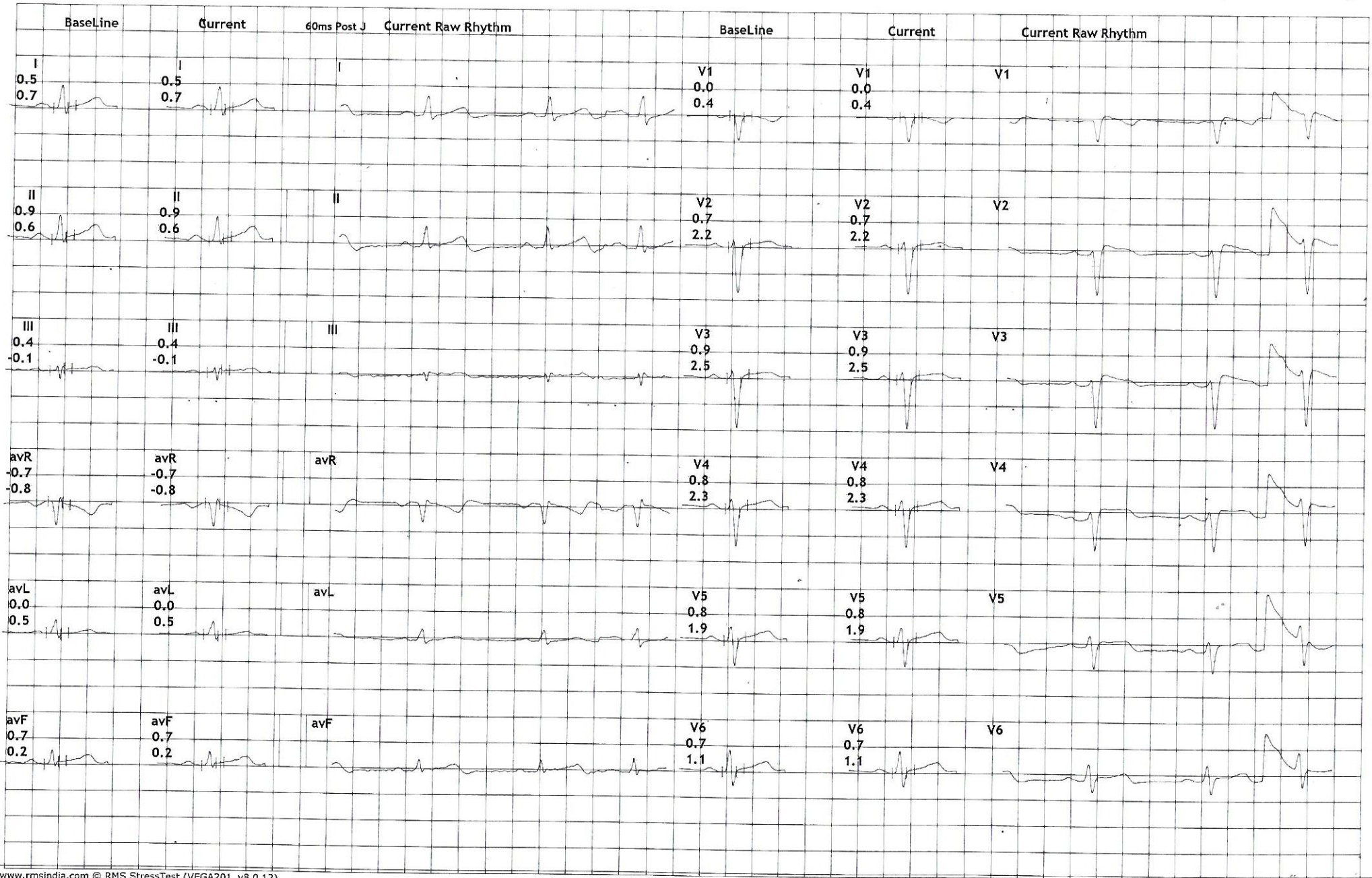
DR. MANSI SOLANKI
 MBBS MD GENERAL MEDICINE
 REG. NO. MMC 2024042065

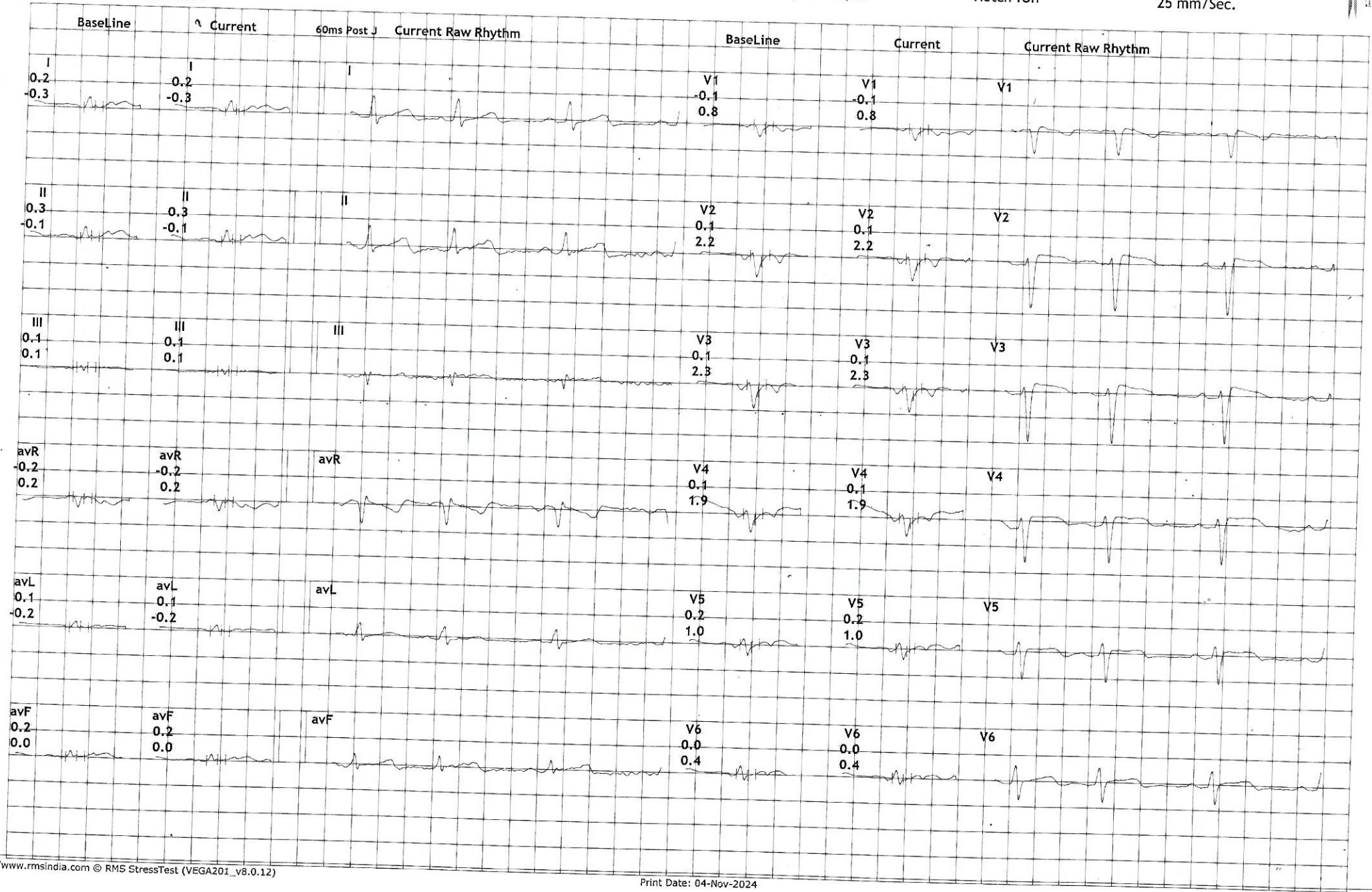
Mansi

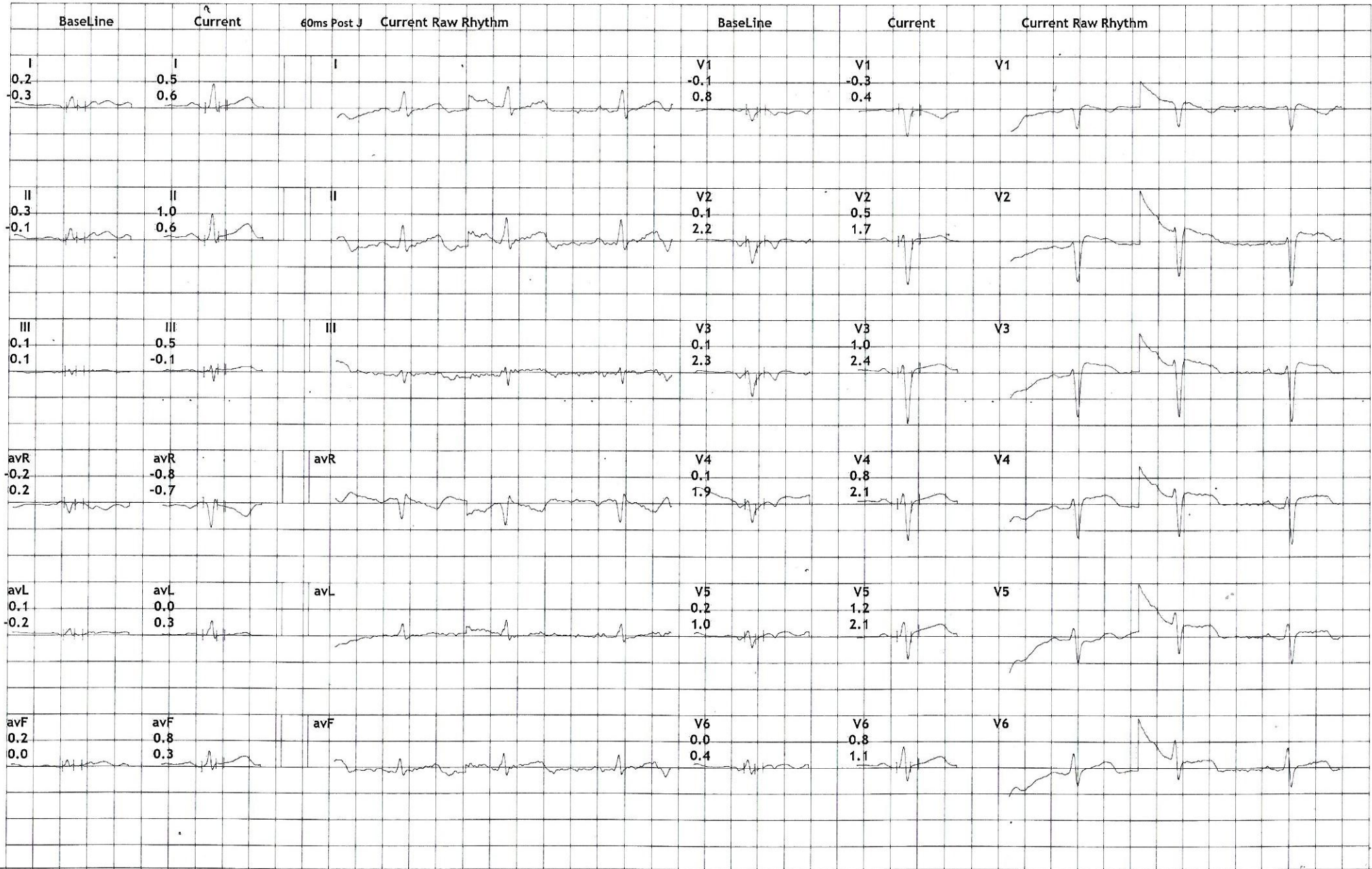


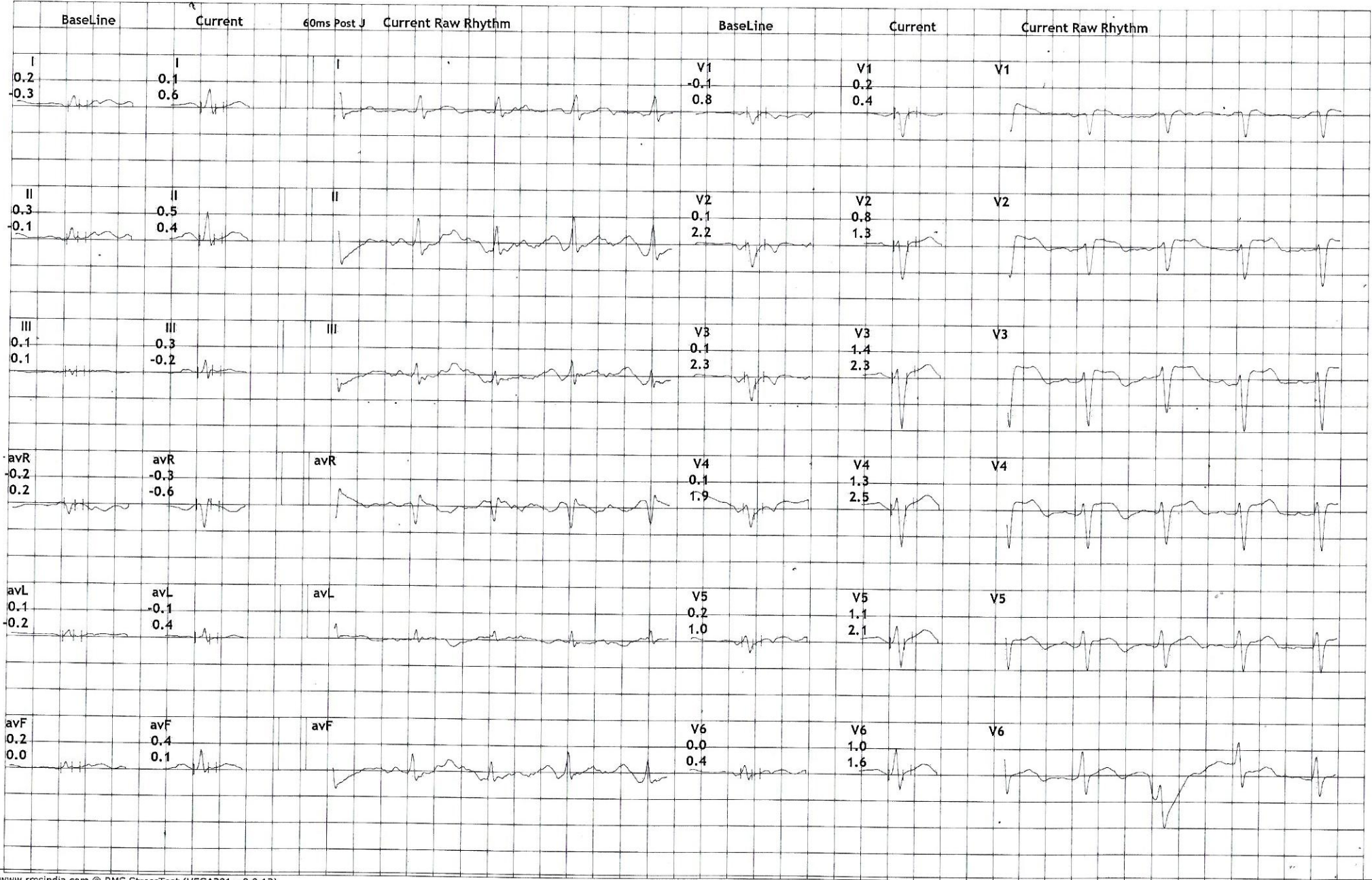
Kartik Gori











B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai
3513/KARTIK GORI
30 Yrs/Male
107 Kg/183 Cms
Date: 04-Nov-2024 10:53:31 AM

HR: 119 bpm
METS: 7.1
BP: 130/80

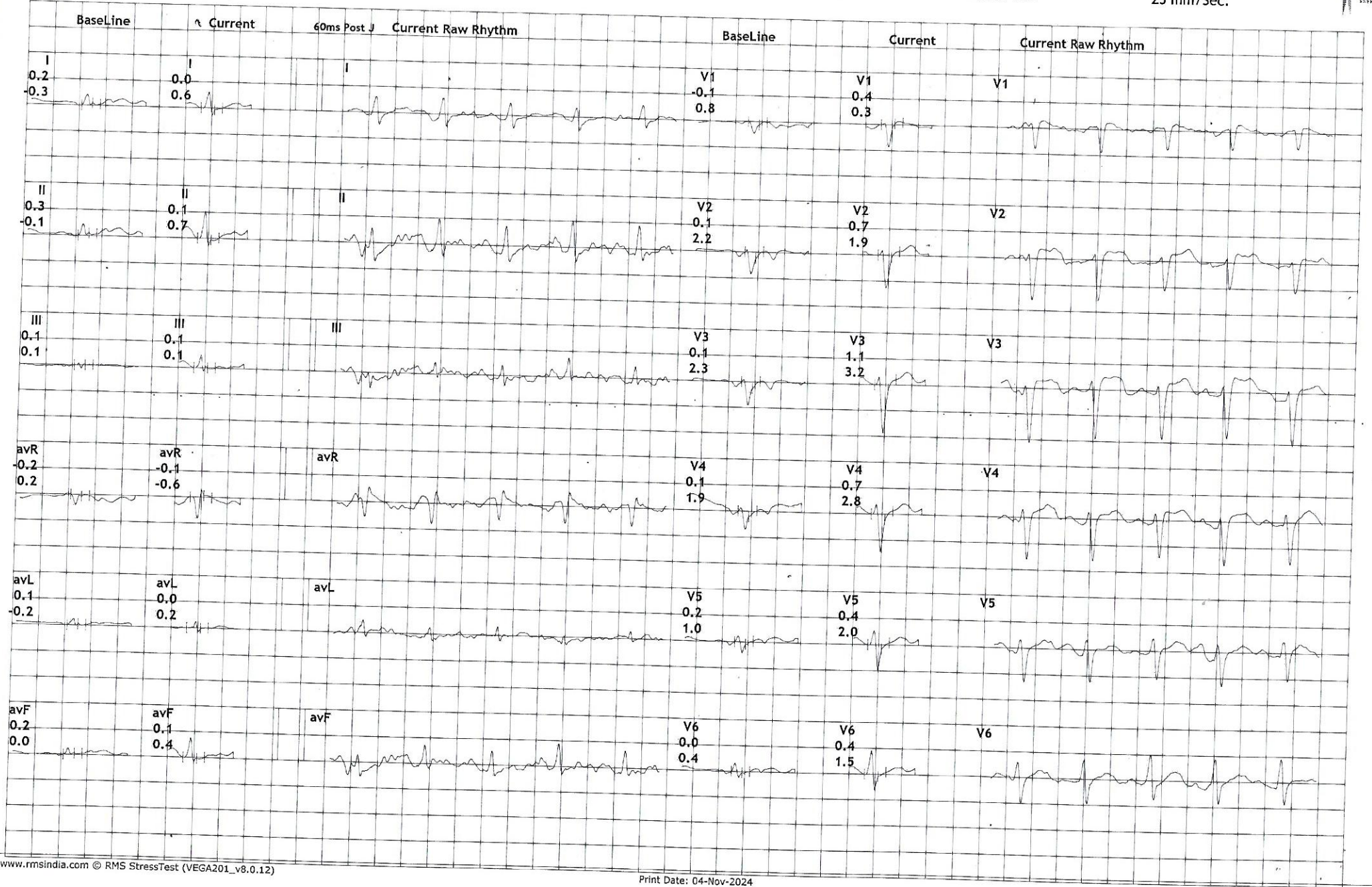
MPHR: 62% of 190
Speed: 2.5 mph
Grade: 12.0%

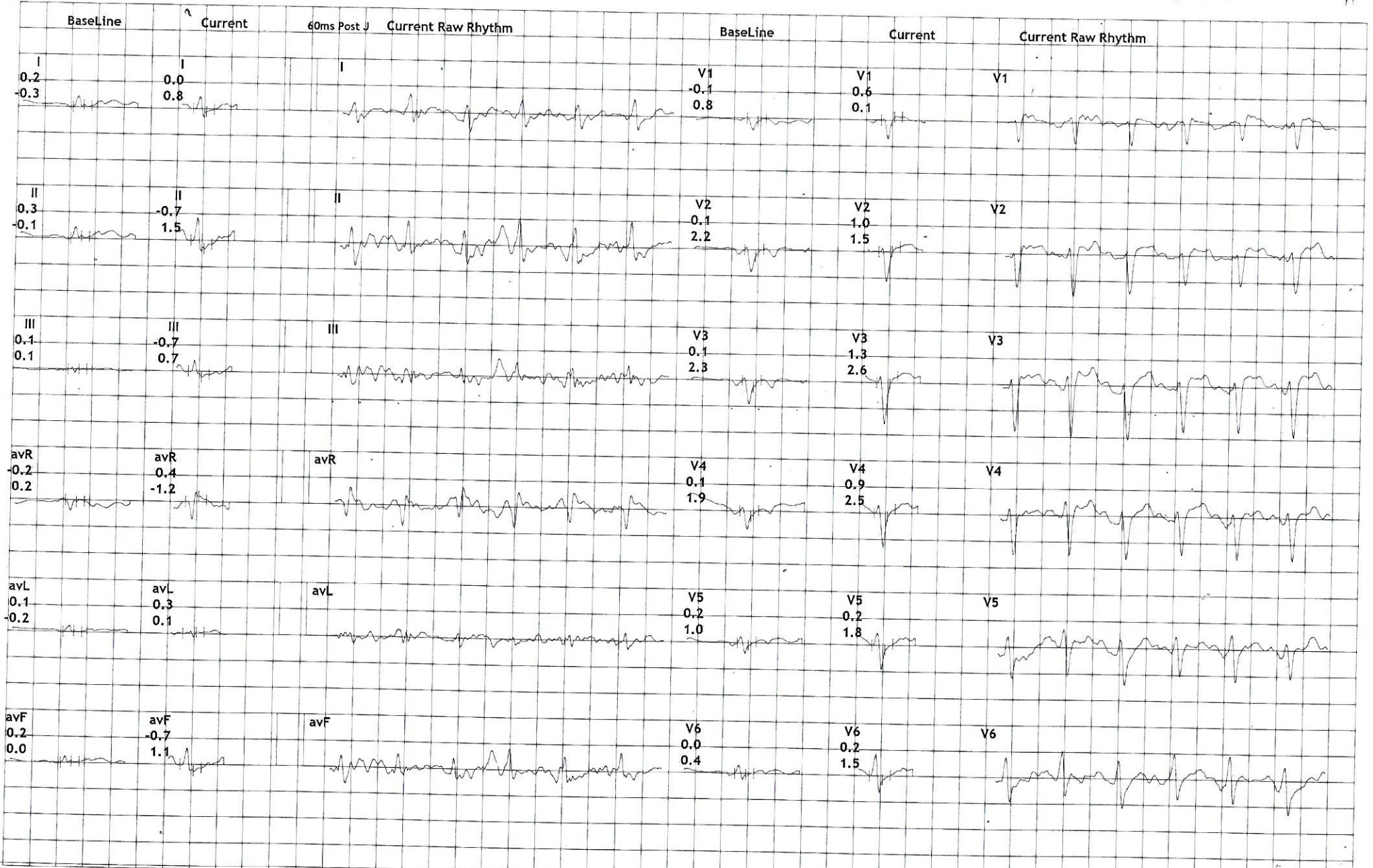
12 Lead + Comparison

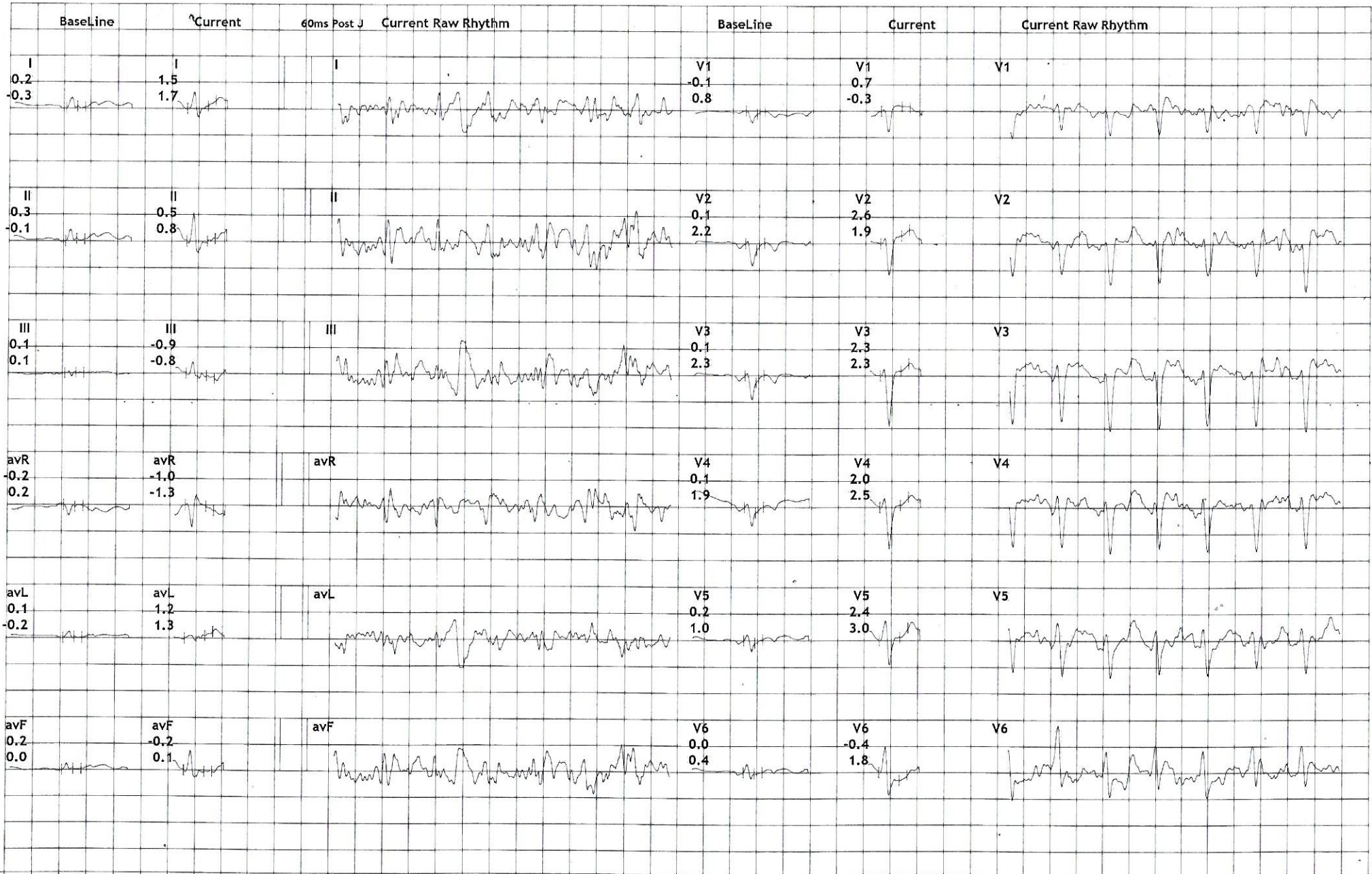
Raw ECG
BRUCE
(1.0-100)Hz

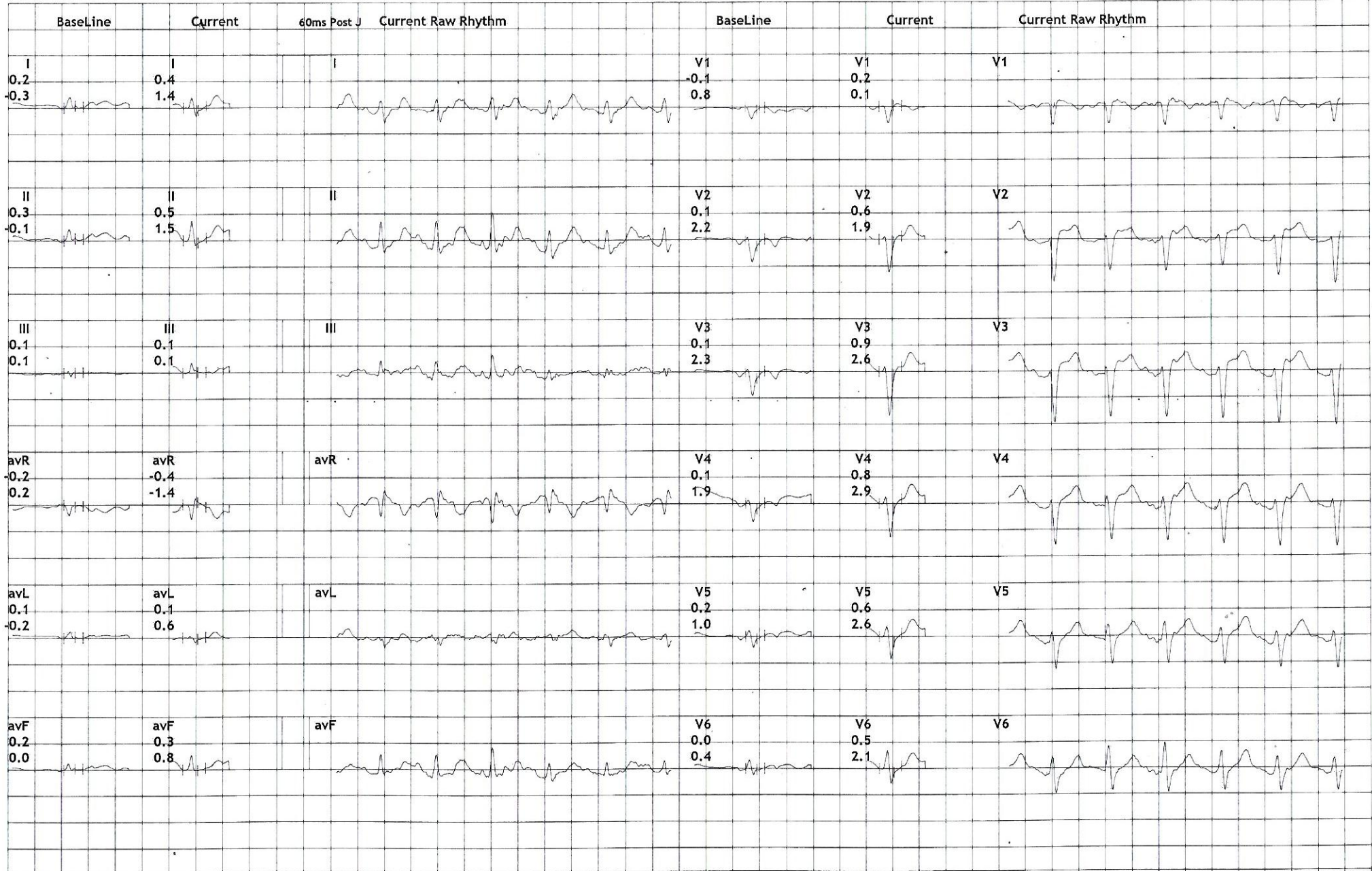
Ex Time 06:00
BLC :On
Notch :On

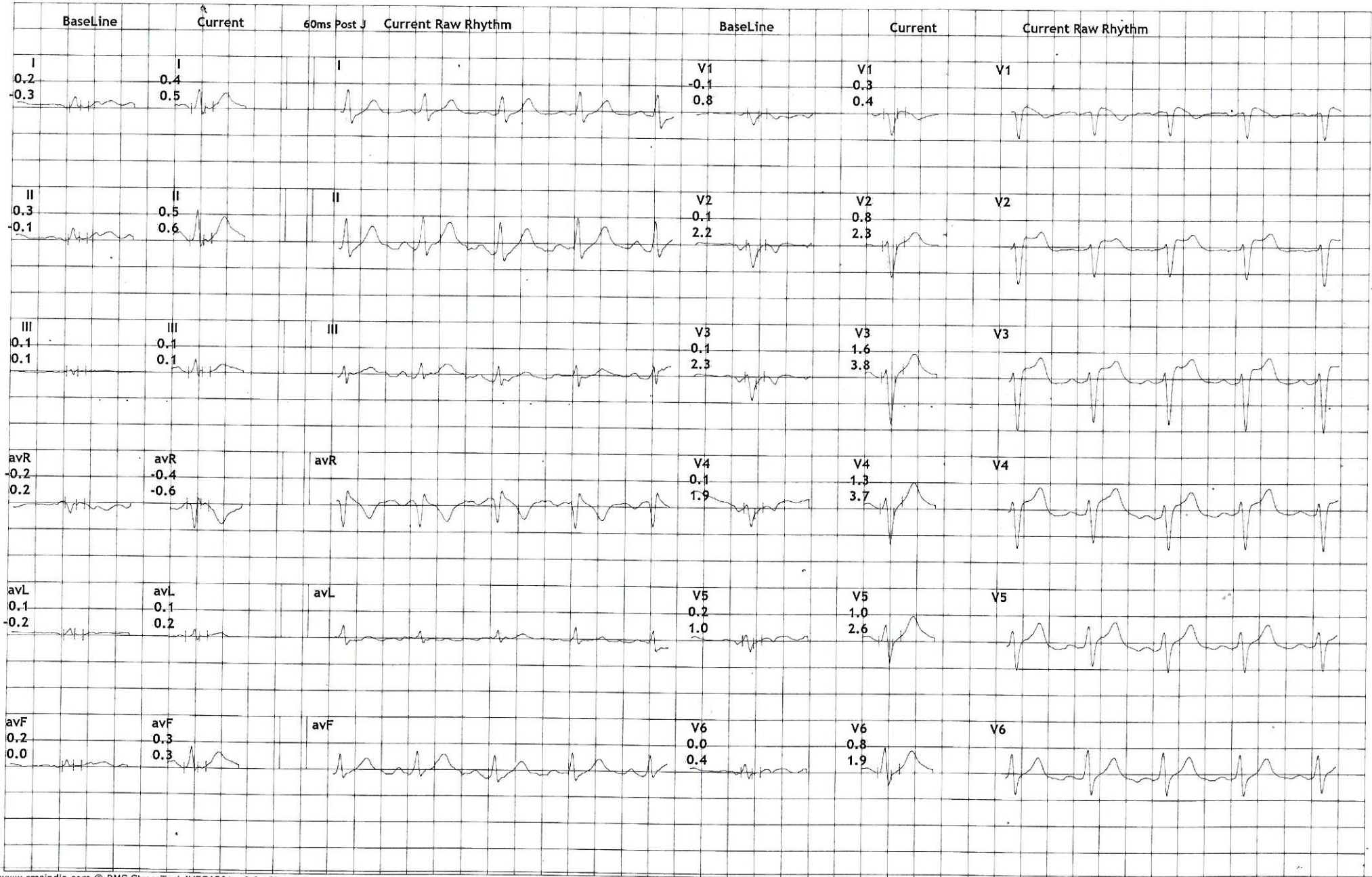
Stage 2 (03:00)
10.0 mm/mV
25 mm/Sec.











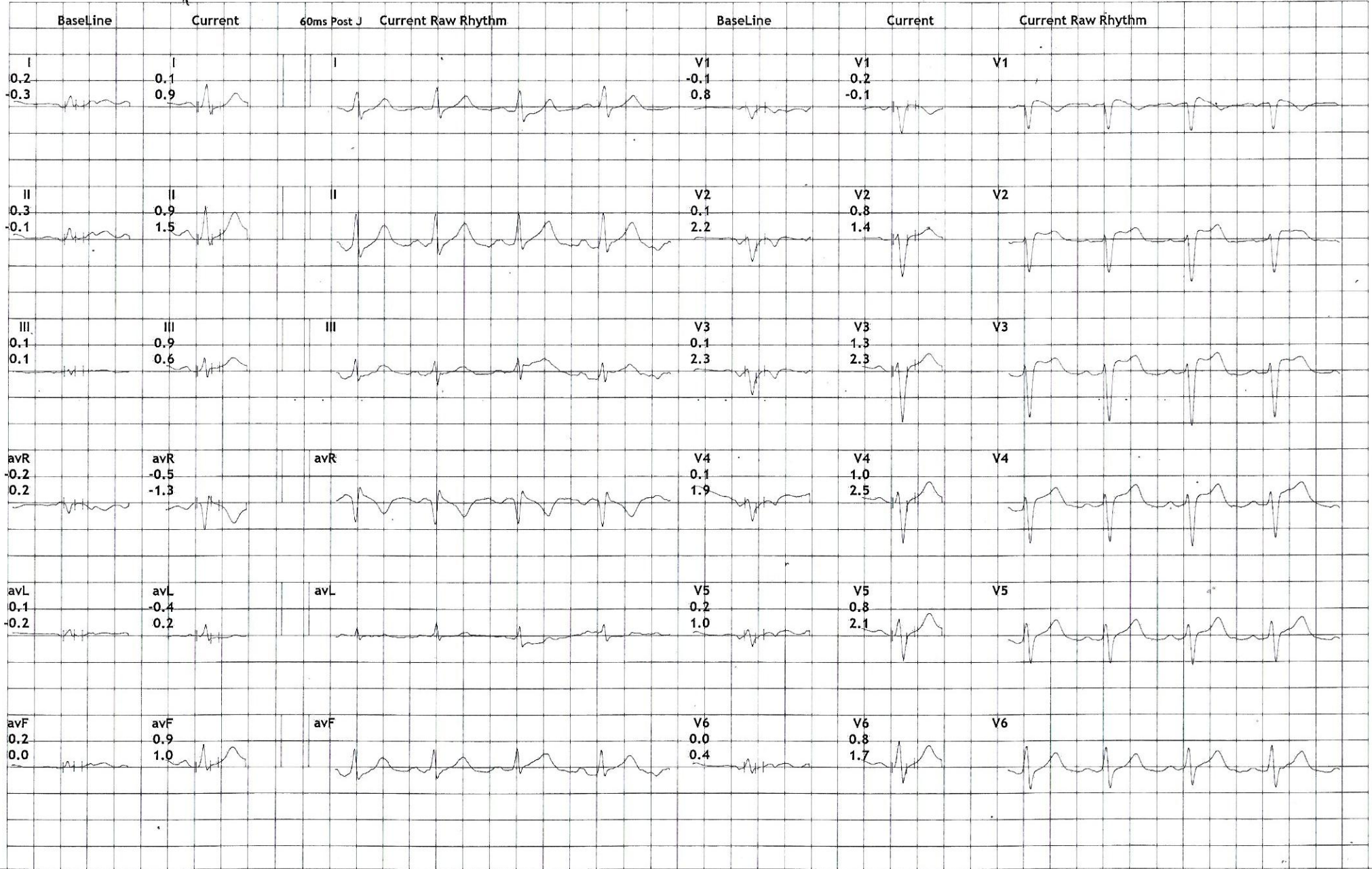
HR: 98 bpm
METS: 1.0
BP: 140/90

MPHR:51% of 190
Speed: 0.0 mph
Grade: 0.0%

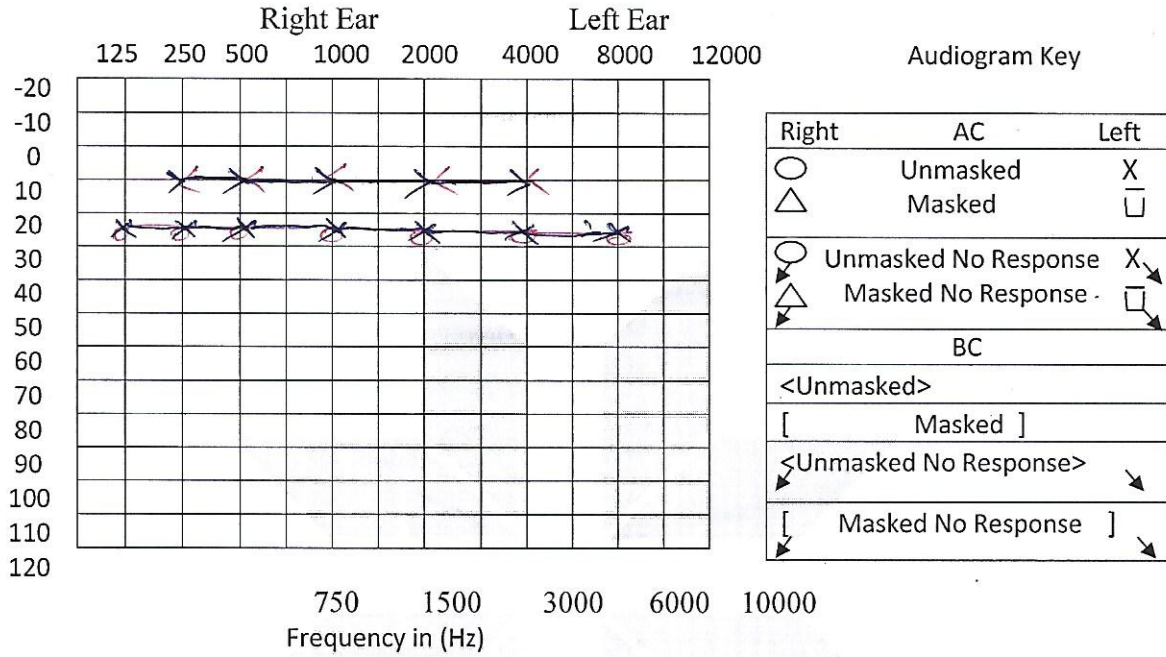
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 09:51
BLC :On
Notch :On

Recovery : (03:00)
10.0 mm/mV
25 mm/Sec.



NAME : MR. KARTIK GORI	AGE: 30 YRS / MALE
REF BY: MEDIWHEEL	DATE: 04/11/2024

AUDIOGRAM

 Responses: Reliable / Fairly Reliable / Not Reliable Speech Audiometry

 Test Conduction: Satisfactory / Not Satisfactory

If any other specify

 Procedure: Standard / Play

Audiological Interpretations:

Test Ear	P.T.A. dBHL
Right	25
Left	25

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

EXCELLAS CLINICS PVT. LTD
 E-1, Vihar Commercial,
 Below LBS Marg,
 Near Santoshi Mata Mandir,
 Mulund (West), Mumbai - 400080
AUDIOLOGIST

