



33555 020325

Name	: MR. GAJANAN MAGAR	Registration ID	: 33555	Sample Collection	: 02/03/2025 17:04:51
Age/Sex	: 38 Yrs. / M	Printed	: 12/03/2025 18:02:26	Sample Received	: 02/03/2025 17:04:51
Ref. By	: self	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 03/03/2025 14:29:20

**COMPLETE BLOOD COUNT \***

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 14.6	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 4.69	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 43.4	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	: 92.5	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 31.1	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 33.6	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: <b>11.70</b>	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 5200	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 45	%	40-75 %
<b>Eosinophils Percentage</b> (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)	: 251000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 05	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)

Note: Tests marked with \* are included in NABL scope.

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 14:29:20)



NABL M(ELT)-00683





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Ref. By	: self	Report Released	: 03/03/2025 14:29:20
	Sent By	: Arcofemi Healthcare Pvt Ltd	

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





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Ref. By	: self	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 04/03/2025 15:01:42

### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	: 5.30	%	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)	: 105.41	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: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 04/03/2025 15:01:42)

### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 99	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: $\geq$ 126 mg/dl
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 80	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: $\geq$ 200 mg/dl

Method: GOD-POD

Test Done on - Automated Biochemistry Analyzer (EM 200)

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:01)



NABL M(ELT)-00683





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Ref. By : self      Sent By : Arcofemi Healthcare Pvt Ltd

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**BLOOD GROUP**

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

Slide and Tube Agglutination Test

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 16:55:04)

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





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Ref. By : self	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 03/03/2025 15:00:05

**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 176	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 102	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 40	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 115.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 20.4	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.9		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.4		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.

*\*All Samples Processed At Excellas Clinics Mulund Centre*

*(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:05)*

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



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





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Ref. By : self	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 03/03/2025 15:00:12

**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.69	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.31	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.38	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 19.9	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 17.8	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 126.0	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 6.6	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.3	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.3	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.87		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 19	U/L	0-55 U/L

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:12)

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



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





33555 020325

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Name : MR. GAJANAN MAGAR      Sample Received : 02/03/2025 17:04:51  
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Ref. By : self      Sent By : Arcofemi Healthcare Pvt Ltd

**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 16.20	mg/dl	19-45 mg/dl

*Serum, Method: Urease - GLDH*

Blood Urea Nitrogen : 7.57 mg/dl 5-18 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)**\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:21)***SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.79	mg/dl	0.7-1.3 mg/dl

*Serum, Method: Enzymatic**Test Done on - Automated Biochemistry Analyzer (EM 200).**\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:16)***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: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:27)*

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





33555 020325

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Ref. By : self      Sent By : Arcofemi Healthcare Pvt Ltd

**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 9.58		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: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:00:44)*

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



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







33555 020325

Name	: MR. GAJANAN MAGAR	Registration ID	: 33555	Sample Collection	: 02/03/2025 17:04:51
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Ref. By	: self	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 03/03/2025 19:11:36

### THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.1	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 7.15	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 1.46	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.

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 19:11:36)

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





33555 020325

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Ref. By : self	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 03/03/2025 15:40:32

**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	10	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	5.0		4.5 - 8.0
Specific Gravity :	1.010		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	1 - 2	/ hpf	
Pus cells :	1 - 2	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
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

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 03/03/2025 15:40:32)

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



NABL-MELT-00683





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Name : MR. GAJANAN MAGAR      Sample Received : 02/03/2025 17:04:51  
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Ref. By : self      Sent By : Arcofemi Healthcare Pvt Ltd

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**X RAY CHEST PA VIEW**

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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.**

*(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 06/03/2025 09:31:33)*

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



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-  
2009/09/3296





33555 020325

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Ref. By : self      Sent By : Arcofemi Healthcare Pvt Ltd

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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/9	6/9
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	-	

(Collected At: 02/03/2025 17:04:51, Received At: 02/03/2025 17:04:51, Reported At: 06/03/2025 09:31:55)

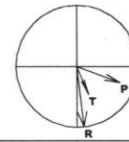
----- End Of Report -----



## MEDICAL EXAMINATION REPORT

Name	Mr./ Mrs./ Miss	Magan Gajarian	
Sex		Male / Female	
Age (yrs.)	38	UHID :	
Date		02 / 05 / 20 25	Bill No :
Marital Status		Single / Married / Widow / Widower : No. of Children : ①	
Present Complaints		<del>No complaints</del> occasionally blood stained saliva since	
Past Medical History :		No Nasal endoscopy done 8-10 year	
Surgical History :		No UVI copy done 4-5 month → CMO	
Personal History		Diet : Veg. <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input checked="" type="checkbox"/> : <u>Contraception</u> Any Other : since 7-8 year	
Family History		Father = HT / DM / IHD / Stroke / Any Other } No Mother = HT / DM / IHD / Stroke / Any Other } Siblings = HT / DM / IHD / Stroke / Any Other → No	
History of Allergies		Drug Allergy } No Any Other } No	
History of Medication		For HT / DM / HD / Hypothyroidism } No Any Other	
On Examination (O/E)		G. E. : NAD R. S. : clear C. V. S. : normal ⊕ No murmur C. N. S. : conscious, alert P/A : soft, NT Any Other Positive Findings : NAD	

Height 185 / cms	Weight 63 Kgs	BMI 18.4
Pulse (per min.) 60/min	Blood Pressure (mm of Hg) 120/80 mmHg	
<b>Gynaecology</b>		
Examined by	Dr.	
Complaint & Duration		
Other Symptoms (Mict, bowels etc)		
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____	
Obstetric History		
Examination :		
Breast		
Abdomen		
P.S.		
P.V.		
Gynaecology Impression & Recommendation		
Recommendation	<p style="text-align: center;"> <b>EXCELLENT SERVICES PVT. LTD</b>  Corporate Office,  10th Floor, K. L. D. Marg,  New Convent, Mata Mandir,  Mulund (West), Mumbai - 400020. </p>	
Physician Impression		
Examined By :	- Overweight = To Reduce Weight - Underweight = To Increase Weight	



PR Interval: 170 ms  
QRS Duration: 86 ms  
QT/QTc: 375/358ms  
P-QRS-T Axis: 20 - 83 - 67 (Deg)



*sinus brady - due to  
coronary artery disease*