| | | C PATHOLOGY Idapur Road, Near S. T. Stan 12 - 223121 (Hospital) : 222 | d, Baramati, Dist. I | ATORY Pune - 413102. |
|---|---------------------------------------|--|----------------------|-------------------------|
| Reg No/PermNo | : 230301811 /OPD /1002390 | Reg. Date | : 25/03/2023 | 09:48AM |
| Name | : Mr. AMIT RAMCHANDRA VARPE | Age / Sex | : 39 Years / M | <i>l</i> lale |
| Referred By | : Medi-Wheel Full Body Health Checkup | Report Date | : 25/03/2023 | 1:02PM |
| Referred By | : DR.R.R BHOITE MD, (MED) | Print Date | : 25/03/2023 | 3:45 PM |
| Test Advised | <u>HAEMATOLOGN</u> <u>Result</u> | <u> </u> | | |
| Sample Tested : | : EDTA Sample | | | |
| Blood Group (Method:Slide haemagglu | | | | |
| haemagglutination, (Forw | 51 077 | | | |

Note :

This is for your information only. No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities of Blood Bank / Blood storage.

| <u>Test Advised</u> ESR | | <u>Result</u> | <u>Unit</u> | Reference Range |
|--|---|---------------|------------------|-----------------|
| Sample Tested : | : | EDTA Sample | | |
| ESR (Erythrocyte sedimentation Rate) (Method: Westerngren Method) | : | 4 | mm at end of 1hr | 0 - 9 |
| TEST DONE ON : Aspen ESR20Plus | | | | |

Interpretation :

1) A normal ESR does not exclude active disease.

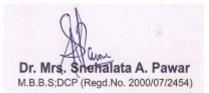
2) The ESR increases with age, and is raised in pregnancy and in anaemia; mild to moderate elevations should be interpreted with caution in these situations. It is increased in acute and chronic inflammatory disease and in neoplastic disease. The ESR may be very high (>100 mm in 1 hour) in multiple myeloma, tuberculosis and temporal arteritis. A low ESR (1 mm in 1 hour) may be seen in polycythaemia rubra vera and sickle cell disease.

Note :

The erythrocyte sedimentation rate is the rate at which red blood cells sediment in a period of one hour.

It is a common hematology test, and is a non-specific measure of inflammation.

.....END OF REPORT.....



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|---|----------------------|----------------|--|--|--|
| Reg No/PermNo | : 230301811 /OPD | /1002390 | I | Reg. Date : 25/03/2023 09:48AM | |
| Name | : Mr. AMIT RAMCHA | NDRA VARPE | E / | Age / Sex : 39 Years / Male | |
| Referred By | : Medi-Wheel Full Bo | ody Health Ch | neckup I | Report Date : 25/03/2023 1:38PM | |
| Referred By | : DR.R.R BHOITE MD, | (MED) | I | Print Date : 25/03/2023 3:45 PM | |
| | | HAE | EMATOLOGY | | |
| <u>Test Advised</u> HAEMOGRAM | | <u>Result</u> | <u>Unit</u> | Reference Range | |
| Sample Tested : ED | TA (Whole Blood) | | | | |
| Method | | - | dance, Flow Cytometry and mic Focusing | | |
| Haemoglobin (Method : Spectrophotometr | ry) | : 15.5 | gm/dl | 13 - 18 | |
| R.B.C. Count | | : 5.59 | mill/cmm | 4.5 - 6.5 | |
| НСТ | | : 45.60 | % | 36 - 52 | |
| MCV | | : 81.57 | fL | 76 - 95 | |
| МСН | | : 27.73 | pg | 27 - 34 | |
| МСНС | | : 33.99 | % | 31.5 - 34.5 | |
| RDW | | : 12.00 | % | 11.5 - 16.5 | |
| Platelet Count | | : 335000 | /cmm | 150000 - 500000 | |
| WBC Count | | : 6460 | cells/cmm | 4000 - 11000 | |
| | UNT | | | | |
| Neutrophils | | : 55 | % | 40 - 75 | |

| Neutrophils | : 55 | % |
|---|-------------|---|
| Lymphocytes | : 45 | % |
| Eosinophils | : 00 | % |
| Monocytes | : 00 | % |
| Basophils | : 00 | % |
| TEST DONE ON : HORIBA YUMIZEN H5 | 50 | |

.....END OF REPORT.....



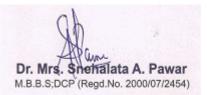
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| | CLINICAL PATHOLOGY | | | | | |
|---------------|---------------------------------------|-------------|---|---------------|---------|--|
| Referred By | : DR.R.R BHOITE MD, (MED) | Print Date | : | 25/03/2023 | 3:45 PM | |
| Referred By | : Medi-Wheel Full Body Health Checkup | Report Date | : | 25/03/2023 | 1:38PM | |
| Name | : Mr. AMIT RAMCHANDRA VARPE | Age / Sex | : | 39 Years / Ma | ale | |
| Reg No/PermNo | : 230301811 /OPD /1002390 | Reg. Date | : | 25/03/2023 | 09:48AM | |

| | | NICAL PATHOLOGY | |
|---|------------|-----------------|-----------------|
| <u>Test Advised</u> <u>URINE EXAMINATION</u> | <u>Res</u> | <u>ult Unit</u> | Reference Range |
| PHYSICAL EXAMINATION | | | |
| Quantity | : 10 | ml | |
| Colour | : Pale | Yellow | |
| Appearance | : Slight | ly Turbid | |
| рН | : 6.5 | | |
| CHEMICAL EXAMINATION | | | |
| Specific gravity | : 1.015 | i | 1.005 - 1.030 |
| Reaction | : Acidi | C | |
| Proteins | : Abser | nt | |
| Glucose | : Abser | nt | |
| Ketones | : Abser | nt | |
| Occult blood | : Abser | nt | |
| Bile salts | : Abser | nt | |
| Bile pigments | : Abser | nt | |
| Urobilinogen | : Norm | al | |
| MICROSCOPIC EXAMINATION | | | |
| Pus cells | : Abser | nt /hpf | |
| RBC | : Abser | nt /hpf | |
| Epithelial cells | : Abser | nt /hpf | |
| Crystals | : Abser | nt | |
| Amorphous material | : Abser | nt | |
| Yeast cells | : Abser | nt | |
| Other Findings | : Abser | nt | |
| | | | |

.....END OF REPORT.....



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Absent

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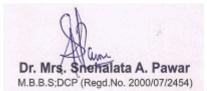
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Ova/Eggs

Cysts

Starch

Fat Globules

Macrophages

Vegetative Forms

Vegetable Matter

Miscellaneous :



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|---------------|---------------------------------------|---------------------------------|
| Name | : Mr. AMIT RAMCHANDRA VARPE | Age / Sex : 39 Years / Male |
| Referred By | : Medi-Wheel Full Body Health Checkup | Report Date : 25/03/2023 1:37PM |
| Referred By | : DR.R.R BHOITE MD, (MED) | Print Date : 25/03/2023 3:45 PM |

BIOCHEMISTRY Test Advised Result Reference Range Unit **BLOOD SUGAR FASTING** Sample Tested : Fluoride Plasma • **Blood Sugar Fasting** 88 mg/dl 70 - 110 : (Method :GOD - POD) TEST DONE ON : EM - 200

| <u>Test Advised</u> Bio-Chemistry Test | | <u>Result</u> | <u>Unit</u> | Reference Range |
|---|---|---------------|-------------|-----------------|
| Sample Tested : | : | Serum | | |
| Blood Urea (Method : Urease-GLDH) | : | 26.2 | mg/dl | 19 - 45 |
| Blood Urea Nitrogen | : | 12.3 | mg/dl | 8.4 - 25.7 |
| Serum Creatinine (Method : ENZYMATIC COLORIMETRIC) | : | 0.8 | mg/dl | 0.7 - 1.3 |
| BUN/Creatinine Ratio | : | 15.3 | | 10.1 - 20.1 |
| KIT USED : | : | ERBA | | |
| | | | | |

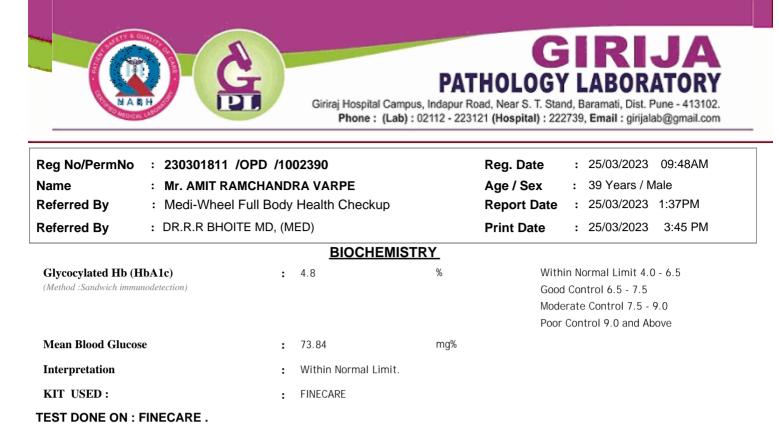
TEST DONE ON : EM - 200

NOTE : The ratio of BUN to creatinine is usually between 10:1 and 20:1. An increased ratio may be due to a condition that causes a decrease in the flow of blood to the kidneys, such as congestive heart failure or dehydration.

| <u>Test Advised</u> BLOOD SUGAR P.P. | <u>Result</u> | <u>Unit</u> | Reference Range |
|---|-------------------|-------------|-----------------|
| Sample Tested : | : Fluoride Plasma | | |
| Blood Glucose P. P. (Method :GOD POD) TEST DONE ON : EM - 200 | : 128 | mg/dl | 90 - 140 |
| <u>Test Advised</u> <u>Glycocylated Hb(HbA1C)</u> | <u>Result</u> | <u>Unit</u> | Reference Range |
| Sample Tested : | : EDTA Sample | | |



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Note :

Glycosylated Haemoglobin is an accurate and true index of the " Mean Blood Glucose Level " in the body for the previous 2-3 months.

HbAlc is an indicator of glycemic control. HbAlc represent average glycemia over the past six to eight weeks.

Recent glycemia has the largest influence on the HbAlc value.

Clinical studies suggest that a patient in stable control will have 50% of their HbAlc formed in the month before sampling, 25% in the month before that, and the remaining 25% in months 2-4. Glycosylated Hb is useful in monitoring diabetic patients compliance with therapeutic regimen & long term blood glucose level control. Glycosylated Hb predicts risk of progression of diabetic complications.

When mean annual Glycosylated Hb is 1.1 x ULN (upper limit of normal), renal & retinal complications are rare, but complications occur in >70% of cases when Glycosylated Hb is >1.7.

| ′L 9 · | - 52 |
|--------|------|
| ΊL | 9 |

| <u>Test Advised</u> <u>URIC ACID</u> | | <u>Result</u> | <u>Unit</u> | Reference Range |
|---|---|---------------|-------------|-----------------|
| Sample Tested : | : | Serum | | |
| Uric Acid (Method :Enzymatic/ Uricase Colorimetric) | : | 5.4 | mg/dl | 3.5 - 8.5 |
| KIT USED : | : | ERBA | | |
| | | | | |

TEST DONE ON : EM - 200

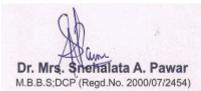


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| | | GIRIJA |
|--------------------------------------|----------------------------|---|
| - I V | | PATHOLOGY LABORATORY |
| MA NA I | Ginnaj Hospital Gampus, in | Indapur Road, Near S. T. Stand, Baramati, Dist. Pune - 413102. 112 - 223121 (Hospital) : 222739, Email : girijalab@gmail.com |
| | | , |
| Reg No/PermNo | : 230301811 /OPD /1002390 | Reg. Date : 25/03/2023 09:48AM |
| U | | |
| Reg No/PermNo Name Referred By | : 230301811 /OPD /1002390 | Reg. Date : 25/03/2023 09:48AM |

1) Increased levels are found in Gout, arthritis, impaired renal function, and starvation.

.....END OF REPORT.....



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| Reg N | lo/PermNo | : | 230301811 /OPD /1002390 | Reg. Date | : | 25/03/2023 | 09:48AM |
|-------|-----------|---|-------------------------------------|-------------|---|--------------|---------|
| Name | | : | Mr. AMIT RAMCHANDRA VARPE | Age / Sex | : | 39 Years / M | ale |
| Refer | red By | : | Medi-Wheel Full Body Health Checkup | Report Date | : | 25/03/2023 | 1:42PM |
| Refer | red By | : | DR.R.R BHOITE MD, (MED) | Print Date | : | 25/03/2023 | 3:45 PM |

| BIOCHEMISTRY | | | | |
|---|---|---------------|-------------|--|
| <u>Test Advised</u> LIPID PROFILE | | <u>Result</u> | <u>Unit</u> | Reference Range |
| Sample Tested : | : | Serum | | |
| Total Cholesterol (Method : CHOD-PAP) | : | 131.0 | mg/dl | 130 - 250 Desirable |
| Triglycerides (Method :GPO-PAP/ Enzymatic Colorimetric/ End Point) | : | 101.0 | mg/dl | < 150 Desirable 150-199 Borderline 200-499 High > 500 Very high |
| HDL Cholesterol (Method :Direct Method/ Enzymatic colorimetric) | : | <u>35.0</u> | mg/dL | 40-60 Desirable > 60 Best |
| LDL Cholesterol | : | 75.8 | mg/dl | 60 - 130 |
| VLDL Cholesterol | : | 20.2 | mg/dl | 5 - 51 |
| Cholesterol / HDL Ratio | : | 3.7 | | 2 - 5 |
| LDL / HDL Ratio | : | 2.2 | | 0 - 3.5 |
| KIT USED : | : | ERBA | | |

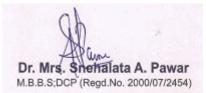
TEST DONE ON : EM - 200

Note: CHOLESTEROL :

A) Increased levels are found in hypercholesterolaemia,
hyperlipidaemia, hypothyroidism, uncontrolled diabetes, nephritic syndrome and cirrhosis.
B) Decreased levels are found in malabsorption, malnutrition, hyperthyroidism,
anaemia and liver diseases.

A) Increased levels are found in hyperlipidemias, diabetes, nephrotic syndrome and hypothyroidism.B) Decreased levels are found in malnutrition and hyperthyroidism.

.....END OF REPORT.....



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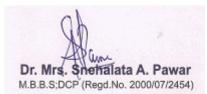
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| Reg No/PermNo | : 230301811 /OPD /1002390 | Reg. Date : 25/03/2023 09:48AM |
|---------------|---------------------------------------|---------------------------------|
| Name | : Mr. AMIT RAMCHANDRA VARPE | Age / Sex : 39 Years / Male |
| Referred By | : Medi-Wheel Full Body Health Checkup | Report Date : 25/03/2023 1:43PM |
| Referred By | : DR.R.R BHOITE MD, (MED) | Print Date : 25/03/2023 3:45 PM |

| BIOCHEMISTRY | | | | | |
|---|---------------|-------------|-----------------|--|--|
| Test Advised LIVER FUNCTION TEST | <u>Result</u> | <u>Unit</u> | Reference Range | | |
| Sample Tested : | : Serum | | | | |
| Total Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK) | : 0.5 | mg/dl | 0.0 - 2.0 | | |
| Direct Bilirubin (Method :DIAZONIUM SALT(Colorimetric)/JENDRASSIK) | : 0.1 | mg/dl | 0 - 0.4 | | |
| Indirect Bilirubin | : 0.4 | mg/dl | 0.1 - 1.6 | | |
| SGPT (ALT) (Method :UV - Kinetic with PLP (P-5-P)) | : 20.0 | U/L | 0 - 45 | | |
| SGOT (AST) (Method :UV-Kinetic with PLP (P-5-P)) | : 21.0 | U/L | 0 - 35 | | |
| Alkaline Phosphatase (Method : PNP AMP KINETIC) | : 66.0 | U/I | 53 - 128 | | |
| Total Protein (Method : BIURET - Colorimetric) | : 7.8 | gm/dl | 6.4 - 8.3 | | |
| Albumin (Method : BCG - colorimetric) | : 4.5 | gm/dl | 3.5 - 5.2 | | |
| Globulin | : 3.3 | gm/dl | 2.3 - 3.5 | | |
| A/G Ratio | : 1.4 | | 1.2 - 2.5 | | |
| TEST DONE ON : EM - 200 | | | | | |

.....END OF REPORT.....



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| Reg No/PermNo | : 230301811 /OPD /1002390 | Reg. Date : 25/03/2023 09:48AM |
|---------------|---------------------------------------|---------------------------------------|
| Name | : Mr. AMIT RAMCHANDRA VARPE | Age / Sex : 39 Years / Male |
| Referred By | : Medi-Wheel Full Body Health Checkup | Report Date : 25/03/2023 2:55PM |
| Referred By | : DR.R.R BHOITE MD, (MED) | Print Date : 25/03/2023 3:45 PM |

| ENDOCRONOLOGY | | | | | |
|---|-----------------|-------------|-----------------|--|--|
| Test Advised FREE THYROID FUNCTION TEST | <u>Result</u> | <u>Unit</u> | Reference Range | | |
| Sample Tested : | : Random Sample | | | | |
| Free T3(Free Triiodothyronine) (Method :ELFA) | : 4.54 | pmol/L | 4.0 - 8.3 | | |
| Free T4 (Free Thyroxine) (Method :ELFA) | : 15.61 | pmol/L | 10.6 - 19.4 | | |
| hTSH (Ultra sensitive) (Method :ELFA) | : <u>6.73</u> | µUI/mI | 0.25 - 6 | | |
| Method : | : ELFA | | | | |

TEST DONE ON : VIDAS, fully automated ELFA analyzer from Bio-Merieux-France

Note :

1) Decreased T3 (normal T4 & TSH) have minimal clinical significance and are not recommended for diagnosis of hypothyroisidm.

2) Total T3 may be decreased by 25% in healthy older individuals.

3) A High TSH level and low T3/T4 level indicate hypothyroidism.

4) Raised T3/T4 levels and low TSH levels indicate hyperthyroidism.

5) T4 levels are high at birth due to increased TBG concentration.

6) Quantitative T3 can give an indication of the severity and recovery from hyperthyroidism.

.....END OF REPORT.....



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