

Corporate HC Appointment Confirmation

Donotreply <noreply@apolloclinics.info>

Fri, Mar 17, 2023 at 4:02 PM

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Appointment Booking Details

Corporate/TPA	Agreement Name	Package Name	Package Inclusions	Customer Name	Gender M/F	Relation (Self/Spouse)	DOB/Age	Emp ID	E-Mail Id	Mobile No	Date of appointment	Appt Time	Ref No / UHID	HC Center Name	HC Center Location
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	Blood Grouping And Typing (Abo And Rh),Urine Routine (CUE),Package Consultation - ENT,Lipid Profile (all Parameters),URINE GLUCOSE(FASTING),URINE GLUCOSE(POST PRANDIAL),Dietician consultation,Glycosylated Hemoglobin (HbA1C) - Whole Blood,2 D ECHO,ECG,Fitness by General Physician,BMI,Ophthal by General Physician,THYROID PROFILE - I(T3,T4 AND TSH),GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL,LIVER FUNCTION TEST (PACKAGE),GGTP: Gamma Glutamyl Transpeptidase - Serum,X-Ray Chest PA,Ultrasound - Whole Abdomen,Consultation - Dental,HEMOGRAM (CBC+ESR),Renal Function Test	MR. BAN UMESH GULABRAO	M	Self	24	bobE33811 umeshji_2007@yahoo.co.in	umeshji_2007@yahoo.co.in	7385473112	2023-03-25T00:00:00	8:30 AM - 9:00 AM	AHCNND17032308164	NDC - Kalyan	Thane - AHCN

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भारत सरकार
Government of India



Download Date: 05/02/2021



उमेश गुलाबराव बन
Umesh Gulabrao Ban
जन्म तारीख/DOB: 14/03/1986
पुरुष/ MALE

Issue Date: 23/01/2021

3380 1106 8447

VID : 9151 0748 0747 9126

माझे आधार, माझी ओळख



Umesh Ban

TEST REPORT

NAME: Ban umesh gubbasao	AGE/ GENDER: CM (37).
REF. BY:	DATE: 25.3.23

MEDICAL EXAMINATION REPORT

Present complaints:

K/C/O - DM/HTN/IHD/T. B./Hypothyroidism } Nil.

Personal History: - Vegetarian /Non-vegetarian/Smoker /Non-smoker /Alcoholic - occasional

Past History: - Medical illness } mixed.
- Surgical illness } Nil.

Family History: Father - HTN /DM/ IHD - DM.
Mother - HTN/DM/IHD - Nil.

History of Allergies: - Nil.

History of Medication: - Nil.

General conditions

Conjunctiva - (N)	Sclera - (N)
Tongue - (N)	Skin - (N)
Lymph nodes - not palpable	Oedema - Absent.
Varicose veins - not seen.	Joints - (N)

Systemic Examination:

PA - soft, non tender. CVS - S2 S2 (+)
RS - AEBE, clear. CNS - NAD.

Height (in cms)	175.0	Weight (in kgs)	96.6
Pulse (per min)	74/min	Spo2	97%
		Blood Pressure	120/80 mmHg

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TEST REPORT

~~Mr. Tapan~~

Mr. Vmish . Gulabsao . (M/37yrs),

occupation - service

wt - 96.6.

Diet - mixed.

Diet plan.

Breakfast.

- 2-chapati + Sabzi or Boiled sprouts.
- milk with nuts.

lunch.

- 2-3 chapati + Sabzi + Daal + Rice
- Salads.
- chicken / mutton. — weekly once.

mid-meal.

- chana. (Boiled / Roasted)
- Bhel. / khakhra. / phaphda.
- Fruit

- Dinner. - 2-3. chapati + Rice + Sabzi
- Daal + Salads. or Rajma / chole

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TEST REPORT

Bed time.

- milk + Raisins. / Dates. & Nuts.

instruction

- Daily walking for $\frac{1}{2}$ hr. & exercises.

- Adequate water intake.

- include nuts & seeds in daily diet.

- (Flax seeds $\frac{1}{2}$ & Dalchini powder).

- oil restriction.

Diet counselling done

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TEST REPORT

NAME: Umesh Gulabrao Ban

AGE/SEX: 374/M

REF BY: Health Package

DATE: 25-3-23

EYE CHECK UP

History of the related complaints : No

History of systemic : No

History of eye surgery : No

DVn Vn : RE- 6/6 **LE:** 6/6

Near Vn : RE- 1/6 **LE:** 1/6

COLOUR VISION : Normal

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TEST REPORT

NAME: MR.UMESH BAN
REF. BY: HEALTH PACKAGE

AGE/SEX: 37Y/M
DATE:25/03/2023

X-RAY CHEST PA VIEW

Both lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Both costophrenic angles appear normal.

Bony thorax appears normal.

IMPRESSION:

- **Normal Radiograph.**

Advice – Clinical correlation.



DR. NIRAJ YADAV
MBBS, DMRE

Consulting Radiologist & Sonologist

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TEST REPORT

NAME: MR.UMESH BAN
REF BY:HEALTH PACKAGE

AGE/SEX: 37Y/M
DATE:25/03/2023

USG ABDOMEN & PELVIS

Liver: - is normal in size(17.2cm), shape & mildly raised echotexture. No focal or diffuse lesion. No IHBR dilatation seen.

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

CBD: - is normal.

Pancreas: -is normal in size, echotexture. No focal lesion.

Spleen: -is normal in size, shape & echotexture. It measures 11cm. No focal lesion.

Kidneys: - are normal in size, position, echotexture. CMD is maintained.

Right kidney – 10.4x4.4cm. Left kidney – 10.1x5.9cm.

No calculi or hydronephrosis seen on either side.

Bowel loops shows gases distension peristalsis appears normal.

No ascites / significant lymphadenopathy seen.

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

Prostate: - is normal in size, echotexture.

IMPRESSION:

- **Fatty liver grade I.**
- **Mild hepatomegaly.**

Advice – Clinical and (s-o-s) LFT, RFT correlation.


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2-D ECHOCARDIOGRAPHY AND COLOUR DOPPLER REPORT

NAME: MR. UMESH BAN

AGE: 37Y/ SEX: MALE

REF BY: HEALTH PACKAGE

DATE: 25/03/2023

M- MODE MEASUREMENTS:

LA: 30mm

IVS (d): 10mm

AO: 23mm

LVPW (d): 10mm

LVID (d): 46mm

RA (4C): 31mm

LVID (s): 29mm

RVID (d): 33mm

LVEF: 60%

RWMA: NO

2-D ECHO FINDINGS:

Mitral Valve: Normal

Aortic Valve: Normal

Tricuspid valve: Normal

PV/RVOT: Normal

IAS: Intact

IVS: Intact

IVC: Normal

CLOT/VEGETATIONS: Nil

PERICARDIUM: Normal

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NAME: MR. UMESH BAN

AGE: 37Y/ SEX:MALE

REF BY: HEALTH PACKAGE

DATE: 25/03/2023

DOPPLER STUDY:

TYPE I DIASTOLIC DYSFUNCTION

	PG	MG	AREA	GRADE of regurgitation
MV				
AV	8 mm Hg			
PV/RVOT	6 mm Hg			
TV				

PASP by TR jet: 20 mm Hg

NO PAH

IMPRESSION:

NORMAL CHAMBER DIMENSIONS

STRUCTURALLY NORMAL CARDIAC VALVES

NO RWMA

NO PAH

TYPE I DIASTOLIC DYSFUNCTION

NORMAL LV SYSTOLIC FUNCTION



CONSULTANT & INTERVENTIONAL CARDIOLOGIST

IMPORTANT INSTRUCTIONS

- Test results released pertain to specimen submitted.
- All test results are dependent on the quality of sample received by the Laboratory.
- Laboratory investigation are only a tool to facilitate in arriving at diagnostic and should be clinically correlated by the Referring Physician.
- Sample repeats are accepted on request of Referring Physician within 7 days post reporting.
- Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
- Certain test may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.
- Test results may show interlaboratory variations.
- Test results are not valid for medico legal purposes.

OUR BRANCHES


- **KHOPAT, THANE** : 104, Beauty Arcade, Opp. Pratap Cinema, Kolbad Road, Khopat, Thane (West) - 400 601.
Tel.: 022 - 25475661 / 71, 9004059481 Email: thane.appts@ndcdiagnostic.com **(NABL Accredited Lab)**
- **KASARVADAVLI, THANE** : 104, Puranik Capitol, Ghodbunder Road, Kasarvadavli, Thane (W) - 400615.
Tel.: 022 - 25976661 M.: 9930000601 / 02 Email : gbroad.appts@ndcdiagnostic.com
- **RABODI - II, THANE** : Shop No. 1, Chandiwala Co. Hos. Soc., Dr. Ansari Road, Opp. Kokan Mercantile Bank, Rabodi II, Thane (W) - 400615. M.: 7718802444
- **SEAWOOD** : 2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40, Opp. Rail Vihar, Seawood (W), Navi Mumbai - 400 706. T : 022 - 27725661 / 7718802447 / 7718802436 Email : seawoods.appts@ndcdiagnostic.com
- **SEAWOOD** : Ground Floor, Shop No. 19, Greenland CHS, Plot No. 20, Sector - 40, Seawood (West), Navi Mumbai - 400706. T : 022-31760298 / 7718802447 / 7718802436 Email : seawoods.appts@ndcdiagnostic.com
- **KURLA** : Basement -1, Kohinoor City, Kiroil Road, Off LBS Road, Kurla (W), Mumbai - 400070.
M.: 8291945774 E-mail : kurlandc127@gmail.com **(NABL Accredited Lab)**
- **KALYAN** : Charms Star Building, Shop No. 10 &11, 1st Floor, Above HDFC Bank, Bail Bazar, Kalyan (W). 421 301.
Tel.: 0251 - 2202377 / 2202388 M.: 7718802999 E-mail : kalyan.appts@ndcdiagnostic.com
- **NASHIK** : NDC Diagnostics LLP, Supphire Multi Speciality Hospital, Kanherewadi, Shalimar Kalidas Kala Mandir, Near Shree Saibaba Hospital, Nashik- 422001. Tel.: 0253 - 2993671 / 61 E-mail : nashik.appts@ndcdiagnostic.com

**NDC DIAGNOSTIC CENTRE IS REGISTERED TRADEMARK OWNED BY
NDC DIAGNOSTIC CENTRE PVT. LTD., THANE**

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:08PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081	Report Status	: FINAL	

Biochemistry

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

Test Name	Value	Unit	Biological Ref Range
 GLYCOSYLATED HAEMOGLOBIN	5.6	%	Normal : <5.7 % Prediabetic: 5.7% to 6.4% Diabetic : 6.5% or Higher
Method-HPLC			
Estimated Average Glucose	114.0	mg/dL	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %


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Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:09PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNDC170323081 Report Status : FINAL			

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

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	107.68	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated : > 400
Method- GPO Trinder's End Point			
Total Cholesterol	139.26	mg/dL	Desirable : < 200 Borderline : 200-240 Elevated : > 240
Method-Trinder's End Point			
HDL CHOLESTROL,SERUM	29.10	mg/dL	35 - 80
Method- Direct			
LDL CHOLESTEROL,serum	88.62	mg/dL	Desirable : <= 130.9 Borderline : 131-159.9 High : >160
calculated			
VLDL CHOLESTROL,serum	21.54	mg/dL	0-30
METHOD : Calculated			
LDL/HDL Ratio	3.05	Ratio	
Calculated			
T Chol /HDL Ratio	4.79	Ratio	
Calculated			

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:11PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNDC170323081 Report Status : FINAL			

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


Test Name	Value	Unit	Biological Ref Range
 Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	87	mg /dL	60 - 110
Urine sugar	Absent		
Urine Ketones	Absent		
FASTING PLASMA GLUCOSE Normal : <100 mg/dL Pre-Diabetic : 100 - 125 mg/dL Diabetic : >=126 mg/dL			

Reference :- ADA (American Diabetes Association) Guidelines 2020

Interpretation Bulk Registration Regarding Raptium Reasearch Pvt Ltm Measurement of glucose concentration in serum or plasma is mainly used in diagnosis and monitoring of treatment in diabetes mellitus. Other applications are the detection of neonatal hypoglycemia, the exclusion of pancreatic islet cell carcinoma as well as the evaluation of carbohydrate metabolism in various diseases.

Patient ID	: P23000078069		Lab Id No	: KAL002362
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AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:13PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNDC170323081 Report Status : FINAL			

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

Test Name	Value	Unit	Biological Ref Range
 Blood Sugar (PP),plasma GOD-POD Trinder Method, End point	90	mg/dL	< 145
Urine Sugar.	Absent		
Urine Ketones. GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent		
"POST PRANDIAL PLASMA GLUCOSE(2 hrs after meals)			
Normal Diabetic	: 120 - 140 mg/dL		
Impaired Glucose	: 140 - 160 mg/dL		
Pre-Diabetic	: 161 - 200 mg/dL		
Diabetic	: >=200 mg/dL		

Reference :- ADA (American Diabetes Association) Guidelines 2020"


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AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:06:57PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081 Report Status : FINAL			

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

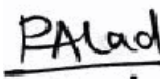
Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT			
Haemoglobin Method - Cyanmethemoglobin	14.9	g/dL	13.0 - 17.0
R.B.C. Count EDTA,electrical impedane	5.76	mill/cumm	4.5 - 5.5
Packed Cell Volume EDTA,cumulative plus	45	%	40 - 50
MCV EDTA,calculated	78	fL	83.0 - 101.0
MCH EDTA,calculated	26	pg	27.0 - 32.0
MCHC EDTA,calculated	33	g/dl	31.5 - 34.5
RDW EDTA,calculated	14.6	%	11.6 - 14.0
Leucocytes Count EDTA, flowcytometry by laser	7840	/Cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils flowcytometry	68.2	%	40 - 80
Monocytes (Flow cytometry)	5.80	%	2-10
Lymphocytes	23.20	%	20-40
Eosinophils	2.4	%	1 - 6
Basophils	0.40	%	1 - 2
Platelet Count	280	10 ³ / c.mm	150 - 410
Abnormalities of RBC	Normocytic Normochromic		

Patient ID	: P23000078069		Lab Id No	: KAL002362
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Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:06:57PM
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Haematology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
 Abnormalities of WBC	Normal		
Platelet On Smear	Adequate on smear		

VIKASH S VISHWAKARMA
Verified By


Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:02PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081 Report Status : FINAL			

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

Test Name	Value	Unit	Biological Ref Range
ESR Westergren Method	05	mm/hr	0 - 20

- 1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test..
- 2) It is a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..
- 3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 11:29:12PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081 Report Status : FINAL			

Biochemistry


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

Test Name	VALUE	Unit	Biological Ref Range
RENAL FUNCTION TEST			
Blood Urea,serum Method - Urease-GLDH Fixed Time	20.89	mg/dL	19 - 44
BUN,serum Method:BUN calculated	9.76	mg/dL	8.87-20.5
CREATININE, SERUM Serum, Enzymatic	0.87	mg/dL	0.7 - 1.3
INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.			
Uric Acid, Serum Method- Uricase - Trinder End Point	8.38	mg/dL	3.5 - 7.2
Calcium, Serum Method-Arsenazo-III End Point	9.99	mg/dL	8.6 - 10.3
INTERPRETATION: Decreased total calcium levels can be associated with diseases of the bone apparatus (especially osteoporosis), kidney diseases (especially under dialysis), defective intestinal absorption and hypoparathyroidism. Increased total calcium can be measured in hyperparathyroidism, malignant diseases with metastases and sarcoidosis. Calcium measurements also help in monitoring of calcium supplementation mainly in the prevention of osteoporosis.			
Phosphorus,serum Method- Ammonium Molybdate End Point	3.63	mg/dL	2.6-4.5
Sodium, serum Method -ISE-direct	135.1	meq/l	135-148
Potassium, serum Method -ISE -direct	4.81	meq/l	3.5-5.3
Chloride, serum Method-ISE-direct	106.5	meq/l	98-107
Total Protein,serum Method-Biuret end Point	7.47	g/dl	6.4 - 8.3

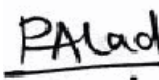


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Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	VALUE	Unit	Biological Ref Range
 Albumin, Serum Method-Bromocresol Green (BCG)	4.53	g/dL	3.5-5.0
Globulin,serum	2.94	g/dl	2.3-3.5
A/G Ratio	1.54		1-2

BHAVANA MORE
Verified By


Dr Priyanka Lad
MD,Consultant Pathologist
Reg.No 2015/05/2476

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:30PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNDC170323081	Report Status	: FINAL	

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


Test Name	Value	Unit	Biological Ref Range
LIVER FUNCTION TEST			
SGOT,serum Method-IFCC Kinetic	25.33	U/L	<35
SGPT,serum Method-IFCC Kinetic	36.83	U/L	< 45
Bilirubin (Total)serum Method-Diazo end Point	0.68	mg/dL	0.1-1.2
Bilirubin (Direct),serum Method-Diazo	0.24	mg/dL	0.0 - 0.2
Bilirubin (Indirect),serum Serum, Calculated	0.44	mg/dL	0.10 - 1.0
Alk. Phosphatase,serum Method-IFCC Kinetic	74.08	U/L	40 - 130
Total Protein,serum Method-Biuret end Point	7.47	g/dl	6.4 - 8.3
Albumin, Serum Method-Bromocresol Green (BCG)	4.53	g/dL	3.5-5.0
Globulin,serum	2.94	g/dl	2.3-3.5
A/G Ratio	1.54		1-2
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	40.1	U/L	0-55

Patient ID	: P23000078069		Lab Id No	: KAL002362
PATIENT NAME	: Mr. UMESH GULABRAO BAN		Registered On	: 25/3/2023 9:40:00AM
AGE	: 37 Y Gender : MALE		Collected On	: 25/3/2023 09:40:00AM
Referred By	: APOLLO CLINIC		Authorised On	: 25/3/2023 8:07:06PM
Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081 Report Status : FINAL			

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

Test Name	Value	Unit	Biological Ref Range
BLOOD GROUP			
ABO Group	O		
RhD Typing	Positive		
Method	Slide Agglutination		

VIKASH VISHWAKARMA
Verified By


Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476

Patient ID	: P23000078069		Lab Id No	: KAL002362
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Ward	: Other		Printed On	: 27/3/2023 12:39:19PM
UID	: AHCNND170323081 Report Status : FINAL			

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

Test Name	Value	Unit	Biological Ref Range
URINE ROUTINE			
Quantity	25		
Color	Pale Yellow		
Appearance	Clear		
Deposit	Absent		
pH	Acidic		4.7-7.5
Specific Gravity	1.015		
METHOD : Bromthymol blue			
CHEMICAL EXAMINATION			
Urine sugar	Absent		
Proteins	Absent		
Ketones	Absent		
Blood	Absent		
Bile Pigments	Absent		
Bile Salts	Absent		
Urobilinogen	Absent		
MICROSCOPIC EXAMINATION OF CENTRIFUGALISED DEPOSIT			
Pus Cells	Pr.Occasional		
Epithelial Cells	Pr. 1 - 2		
Red Blood Cells	Absent		
Casts	Absent		
Crystals	Absent		
Amorphous Materials	Absent		
Bacteria	Absent		
Yeasts	Absent		

Patient ID : P23000078885		Lab Id No : KNDC012429
PATIENT NAME : UMESH BAN		Registered On : 25/3/2023 9:24:29PM
AGE : 37 Y Gender : MALE		Collected On : 25/3/2023 09:24:00PM
Referred By : SELF		Authorised On : 26/3/2023 11:08:18AM
Ward : Other		Printed On : 27/3/2023 12:38:20PM
UID : Report Status : FINAL		

Immunology

Test Name	Value	Unit	Biological Ref Range
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Thyroid Function Test -T3, T4, TSH (Ultrasensitive)

TOTAL T3	153.86	ng/dL	60 - 181
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Serum, CLIA

T3 INTERPRETATION: Serum T3 determination can be a valuable component of a thyroid screening panel in the diagnosis of thyroid disorders. In some serious and chronicity thyroid illness, the concentration of free T4 increase or decrease with high TSH and low T3. Normal concentration of free T4 and elevated concentration of T3 will give rise to hyperthyroidism. Depression concentration of T3 is caused by primary hypothyroidism or secondary cases hypothyroidism caused by loss of hypothalamo or hypophysal functions, such as Hashimoto's thyroiditis.

TOTAL T4	12.60	µg/dL	3.2 - 12.6
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Serum, CLIA

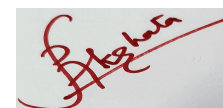
T4 INTERPRETATION: In most patients the normal T4 level indicates good thyroid status, however, T4 level can be affected by the change in binding proteins while the level of unbound hormone unchanged. Drugs that compete for protein binding sites, such as phenylbutazone, diphenylhydantoin or salicylates, can result in a depressed T4 measurement. Thus, the final definition of thyroid status should be determined in conjunction with other thyroid function tests such as TSH, FT4, T3, FT3 and clinical evaluation

TSH Ultra Sensitive	3.02	mIU/L	0.55-4.78
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Serum, CLIA

TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free,T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism.

Kadam Ashwini
Verified By



DR AKSHATA PARAB
MD DNB PATHOLOGY