

Patient Name : Mr.RAM PRAVESH RAM	Collected : 26/Jul/2023 10:15AM
Age/Gender : 60 Y 0 M 17 D/M	Received : 26/Jul/2023 10:50AM
UHID/MR No : SCHI.0000014287	Reported : 26/Jul/2023 01:16PM
Visit ID : SCHIOPV19565	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : sfgsdghdh	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	13	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	<b>38.90</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	<b>3.64</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	<b>106.9</b>	fL	83-101	Calculated
MCH	<b>35.8</b>	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	49	%	40-80	Electrical Impedance
LYMPHOCYTES	36.4	%	20-40	Electrical Impedance
EOSINOPHILS	3.5	%	1-6	Electrical Impedance
MONOCYTES	<b>10.2</b>	%	2-10	Electrical Impedance
BASOPHILS	0.9	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	2597	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1929.2	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	185.5	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	540.6	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	47.7	Cells/cu.mm	0-100	Electrical Impedance

**PLATELET COUNT**

PLATELET COUNT	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	14	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH OCCASIONAL MACROCYTES.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Visit ID : SCHIOPV19565	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.RAM PRAVESH RAM	Collected : 26/Jul/2023 12:43PM
Age/Gender : 60 Y 0 M 17 D/M	Received : 26/Jul/2023 01:28PM
UHID/MR No : SCHI.0000014287	Reported : 26/Jul/2023 05:42PM
Visit ID : SCHIOPV19565	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA</b>	<b>103</b>	mg/dL	70-100	GOD - POD
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**Comment:**

**As per American Diabetes Guidelines**

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

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	94	mg/dL	70-140	GOD - POD
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**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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.RAM PRAVESH RAM	Collected : 26/Jul/2023 10:15AM
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Visit ID : SCHIOPV19565	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN ,</b> <i>WHOLE BLOOD EDTA</i>	5.2	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	103	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Visit ID : SCHIOPV19565	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	175	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	128	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	50	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	25.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.50		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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**DEPARTMENT OF BIOCHEMISTRY**

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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.70	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	26.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	109.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	<b>3.60</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.90	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	<b>15.80</b>	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	<b>7.4</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.50	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	107	mmol/L	98 - 107	Direct ISE





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	47.00	U/L	15-73	Glycylcysteine Nitoranalide



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.96	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	5.87	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.520	µIU/mL	0.25-5.0	ELFA

**Comment:**

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



Patient Name : Mr.RAM PRAVESH RAM	Collected : 26/Jul/2023 10:15AM
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Visit ID : SCHIOPV19565	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.530	ng/mL	0-4	CLIA



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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		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	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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**DEPARTMENT OF CLINICAL PATHOLOGY**

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL) , URINE	NEGATIVE		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING) , URINE	NEGATIVE		NEGATIVE	Dipstick

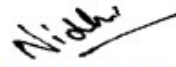
**\*\*\* End Of Report \*\*\***



Dr. SHWETA GUPTA  
MBBS,MD (Pathology)  
Consultant Pathology




Dr. Tanish Mandal  
MBBS,MD(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist



Patient Name : Mr. Ram Pravesh Ram Age : 60 Y/M  
 UHID : SCHI.0000014287 OP Visit No : SCHIOPV19565  
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 26-07-2023 16:16  
 Referred By : SELF

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### MITRAL VALVE

Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.  
 PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
 Subvalvular deformity Present/Absent. Score : \_\_\_\_\_  
 Doppler Normal/Abnormal E>A E=A  
 Mitral Stenosis Present/Absent RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

### TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
 Doppler Normal/Abnormal  
 Tricuspid stenosis Present/Absent RR interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation : Absent/Trivial/Mild/Moderate/Severe Fragmented signals  
 Velocity \_\_\_\_\_ msec. Pred. RVSP=RAP+ \_\_\_\_\_ mmHg

### PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.  
 Doppler Normal/Abnormal.  
 Pulmonary stenosis Present/Absent Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation Absent/Trivial/Mild/Moderate/Severe  
 Early diastolic gradient \_\_\_\_\_ mmHg. End diastolic gradient \_\_\_\_\_ mmHg

### AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
 No. of cusps 1/2/3/4  
 Doppler Normal/Abnormal  
 Aortic stenosis Present/Absent Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 3.4	(2.0 – 3.7cm)	LA es 3.9	(1.9 – 4.0cm)

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LV es	2.9	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	1.3	(0.6 – 1.1cm)	PW (LV)	1.1	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVd (ml)		
EF	60%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

**CHAMBERS :**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy  
 Contraction Normal/Reduced

Regional wall motion abnormality Absent

LA Normal/Enlarged/Clear/Thrombus

RA Normal/Enlarged/Clear/Thrombus

RV Normal/Enlarged/Clear/Thrombus

## PERICARDIUM

**COMMENTS & SUMMARY**

- v Normal LV systolic function
- v Mild concentric LVH
- v No RWMA, LVEF=60%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

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***Dr. M K Gupta***  
***M.B.B.S, MD,FIACM***  
***Senior Consultant Cardiologist***



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