

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

XRAY-CHEST

»» BOTH THE LUNG FIELDS ARE CLEAR
 »» BOTH THE COSTOPHRENIC AND CARIOPHRENIC ANGELS ARE CLEAR
 »» BOTH THE HILA ARE NORMAL
 »» CARDIAC AND AORTIC SHADOWS APPEAR NORMAL
 »» BOTH THE DOMES OF THE DIAPHRAM ARE NORMAL
 »» VISUALIZED BONY THORAX IS NORMAL
IMPRESSION NO ABNORMALITY DETECTED

Dr G.S. Saluja, (MBBS,DMRD)
(Consultant Radiologist)

ECG

ECG SINUS RHYTHM.
OTHERWISE NORMAL ECG.

MEDICAL HISTORY

RELEVANT PRESENT HISTORY NOT SIGNIFICANT
 RELEVANT PAST HISTORY NOT SIGNIFICANT
 RELEVANT PERSONAL HISTORY NOT SIGNIFICANT
 RELEVANT FAMILY HISTORY NOT SIGNIFICANT
 OCCUPATIONAL HISTORY NOT SIGNIFICANT
 HISTORY OF MEDICATIONS NOT SIGNIFICANT

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.69	mts
WEIGHT IN KGS.	55	Kgs
BMI	19	kg/sqmts

BMI & Weight Status as follows:
 Below 18.5: Underweight
 18.5 - 24.9: Normal
 25.0 - 29.9: Overweight
 30.0 and Above: Obese

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE NORMAL

Dr.Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
--------------------	--------------	---------	-------------------------------	-------

PHYSICAL ATTITUDE	NORMAL			
GENERAL APPEARANCE / NUTRITIONAL STATUS	HEALTHY			
BUILT / SKELETAL FRAMEWORK	AVERAGE			
FACIAL APPEARANCE	NORMAL			
SKIN	NORMAL			
UPPER LIMB	NORMAL			
LOWER LIMB	NORMAL			
NECK	NORMAL			
NECK LYMPHATICS / SALIVARY GLANDS	NOT ENLARGED OR TENDER			
THYROID GLAND	NOT ENLARGED			
CAROTID PULSATION	NORMAL			
TEMPERATURE	AFEBRILE			
PULSE	65/MIN, REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT			
RESPIRATORY RATE	NORMAL			
CARDIOVASCULAR SYSTEM				
BP	110/70 MM HG (SUPINE)			mm/Hg
PERICARDIUM	NORMAL			
APEX BEAT	NORMAL			
HEART SOUNDS	NORMAL			
MURMURS	ABSENT			
RESPIRATORY SYSTEM				
SIZE AND SHAPE OF CHEST	NORMAL			
MOVEMENTS OF CHEST	SYMMETRICAL			
BREATH SOUNDS INTENSITY	NORMAL			
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)			
ADDED SOUNDS	ABSENT			
PER ABDOMEN				
APPEARANCE	NORMAL			
VENOUS PROMINENCE	ABSENT			
LIVER	NOT PALPABLE			
SPLEEN	NOT PALPABLE			

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	--

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HERNIA	ABSENT
CENTRAL NERVOUS SYSTEM	
HIGHER FUNCTIONS	NORMAL
CRANIAL NERVES	NORMAL
CEREBELLAR FUNCTIONS	NORMAL
SENSORY SYSTEM	NORMAL
MOTOR SYSTEM	NORMAL
REFLEXES	NORMAL
MUSCULOSKELETAL SYSTEM	
SPINE	NORMAL
JOINTS	NORMAL
BASIC EYE EXAMINATION	
CONJUNCTIVA	NORMAL
EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITHOUT GLASSES	6/12, VISUAL ACUITY FOR CORRECTION
DISTANT VISION LEFT EYE WITHOUT GLASSES	6/12, VISUAL ACUITY FOR CORRECTION
NEAR VISION RIGHT EYE WITHOUT GLASSES	N6, WITHIN NORMAL LIMIT
NEAR VISION LEFT EYE WITHOUT GLASSES	N6, WITHIN NORMAL LIMIT
COLOUR VISION	NORMAL
BASIC ENT EXAMINATION	
EXTERNAL EAR CANAL	NORMAL
TYMPANIC MEMBRANE	NORMAL
NOSE	NO ABNORMALITY DETECTED
SINUSES	NORMAL
THROAT	NORMAL
TONSILS	NOT ENLARGED
BASIC DENTAL EXAMINATION	
TEETH	NORMAL
GUMS	HEALTHY



Dr. Arpita Pasari, MD
Consultant Pathologist

Page 3 Of 24



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	--

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

Liver is normal in size, shape and echotexture. Intra & Extra hepatic biliary radicals are normal. Portal vein and C.B.D are normal in caliber

Gall Bladder is normal, thin walled & its lumen is echo free.

Spleen is normal in size, shape & echotexture.

Pancreas is normal in size, shape & echotexture.

Both Kidneys are normal in size, shape and echotexture. Central pelvicalyceal system is normal. Corticomedullary differentiation is maintained.

IVC and AO is normal in caliber.

Urinary Bladder is normal thin walled, there is no calculus.

Prostate is normal in size & echotexture.

IMPRESSION- No Significant abnormality seen in USG of Whole Abdomen.

Dr G S Saluja
(MBBS.DMRD) REG.NO 4005
(Consultant Radiologist)
TMT OR ECHO

CLINICAL PROFILE

Parasternal long axis, Parasternal short axis at multiple levels, apical 4-C & apical & 5-C views taken.

All cardiac valves are normal in structure & move normally.

All cardiac chambers and great vessels are normal in size.

The left ventricular wall is normal in thickness & contractility.



Dr.Arpita Pasari, MD
Consultant Pathologist

Page 5 Of 24



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	<u>Final</u>	Results	Units
--------------------	--------------	---------	-------

DIMENSION	OBSERVED	NORMAL VALUES
LVID (Diastolic)	35 : mm	37-56 mm
LVID (Systolic)	24 : mm	24-42 mm
RVID (Diastolic)	12 : mm	7-23 mm
IVST (Diastolic)	9 : mm	6-11 mm
LVPWT (Diastolic)	9 : mm	6-11 mm

LEFT VENTRICULAR FUNCTION

LVEDV : ml
LVESV : ml
EF 70 : %

COLOR DOPPLER FUNCTION

PEAK VELOCITY M/SEC	MAX. GRADIENT MMHG	REGURGITATION
PV - .8	_____	_____
MV- .8/.3	_____	_____
AV- 1	_____	_____
TV- 1	_____	_____

Interpretation(s)

MEDICAL HISTORY.....
THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

Dr.Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	Results	Units
Final		

FITNESS STATUS-Conclusion on an individual's Fitness, which is commented upon mainly for Pre employment cases, is based on multi factorial findings and does not depend on any one single parameter. The final Fitness assigned to a candidate will depend on the Physician's findings and overall judgement on a case to case basis, details of the candidate's past and personal history as well as the comprehensiveness of the diagnostic panel which has been requested for .These are then further correlated with details of the job under consideration to eventually fit the right man to the right job.

Basis the above, Agilus diagnostic classifies a candidate's Fitness Status into one of the following categories:

- Fit (As per requested panel of tests) – AGILUS Limited gives the individual a clean chit to join the organization, on the basis of the General Physical Examination and the specific test panel requested for.
- Fit (with medical advice) (As per requested panel of tests) - This indicates that although the candidate can be declared as FIT to join the job, minimal problems have been detected during the Pre- employment examination. Examples of conditions which could fall in this category could be cases of mild reversible medical abnormalities such as height weight disproportions, borderline raised Blood Pressure readings, mildly raised Blood sugar and Blood Lipid levels, Hematuria, etc. Most of these relate to sedentary lifestyles and come under the broad category of life style disorders. The idea is to caution an individual to bring about certain lifestyle changes as well as seek a Physician's consultation and counseling in order to bring back to normal the mildly deranged parameters. For all purposes the individual is FIT to join the job.
- Fitness on Hold (Temporary Unfit) (As per requested panel of tests) - Candidate's reports are kept on hold when either the diagnostic tests or the physical findings reveal the presence of a medical condition which warrants further tests, counseling and/or specialist opinion, on the basis of which a candidate can either be placed into Fit, Fit (With Medical Advice), or Unfit category. Conditions which may fall into this category could be high blood pressure, abnormal ECG, heart murmurs, abnormal vision, grossly elevated blood sugars, etc.
- Unfit (As per requested panel of tests) - An unfit report by Agilus diagnostic Limited clearly indicates that the individual is not suitable for the respective job profile e.g. total color blindness in color related jobs.

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN (HB)	16.4	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT	5.40	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL (WBC) COUNT	6.37	4.0 - 10.0	thou/ μ L
PLATELET COUNT	246	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	46.7	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV)	86.5	83 - 101	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	30.4	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	35.1 High	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW)	10.4 Low	11.6 - 14.0	%
MENTZER INDEX	16.0		
MEAN PLATELET VOLUME (MPV)	8.6	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

NEUTROPHILS	50	40 - 80	%
LYMPHOCYTES	38	20 - 40	%
MONOCYTES	06	2 - 10	%
EOSINOPHILS	06	1 - 6	%
BASOPHILS	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	3.18	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.42	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.38	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.38	0.02 - 0.50	thou/ μ L

Interpretation(s)

BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR <

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
--------------------	--------------	---------	-------------------------------	-------

3.3, COVID-19 patients tend to show mild disease.
 (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504
 This ratio element is a calculated parameter and out of NABL scope.



Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :
 Agilus Diagnostics Ltd.
 Gate No 2, Residency Area, Opp. St. Raphaels School,
 Indore, 452001
 Madhya Pradesh, India
 Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778		REF. DOCTOR : DR. BANK OF BARODA	
CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52	

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD

E.S.R	03	0 - 14	mm at 1 hr
-------	----	--------	------------

METHOD : MODIFIED WESTERGRÉN

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	6.0 High	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
-------	-----------------	--	---

METHOD : HPLC TECHNOLOGY

ESTIMATED AVERAGE GLUCOSE(EAG)	125.5 High	< 116.0	mg/dL
--------------------------------	-------------------	---------	-------

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine,

salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition 2. Paediatric reference intervals. AACCC Press, 7th edition. Edited by S. Soldin 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- Diagnosing diabetes.
- Identifying patients at increased risk for diabetes (prediabetes).



Dr. Arpita Pasari, MD
Consultant Pathologist

Page 11 Of 24



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	--

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

- a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- c) HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy



Dr. Arpita Pasari, MD
Consultant Pathologist

Page 12 Of 24



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	--

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE O
METHOD : TUBE AGGLUTINATION	
RH TYPE	POSITIVE
METHOD : TUBE AGGLUTINATION	

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.



Dr. Arpita Pasari, MD
Consultant Pathologist

Page 13 Of 24



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

GLUCOSE FASTING, FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) 94 74 - 99 mg/dL
METHOD : HEXOKINASE

GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR) 125 Normal: < 140,
Impaired Glucose
Tolerance: 140-199
Diabetic > or = 200 mg/dL
METHOD : HEXOKINASE

LIPID PROFILE WITH CALCULATED LDL

CHOLESTEROL, TOTAL 197 Desirable: <200
BorderlineHigh : 200-239
High : > or = 240 mg/dL
METHOD : OXIDASE, ESTERASE, PEROXIDASE

TRIGLYCERIDES

154 High Desirable: < 150
Borderline High: 150 - 199
High: 200 - 499
Very High : > or = 500 mg/dL

METHOD : ENZYMATIC ASSAY

HDL CHOLESTEROL

40 < 40 Low
> or = 60 High mg/dL

METHOD : DIRECT- NON IMMUNOLOGICAL

CHOLESTEROL LDL

126 High Adult levels:
Optimal < 100
Near optimal/above optimal:
100-129
Borderline high : 130-159
High : 160-189
Very high : = 190 mg/dL

NON HDL CHOLESTEROL

157 High Desirable: Less than 130
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220 mg/dL

METHOD : CALCULATED

VERY LOW DENSITY LIPOPROTEIN

30.8 High < or = 30 mg/dL

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
BILIRUBIN, DIRECT		0.15	0.0 - 0.2	mg/dL
METHOD : DIAZOTIZATION				
BILIRUBIN, INDIRECT		0.26	0.00 - 1.00	mg/dL
METHOD : CALCULATED				
TOTAL PROTEIN		7.0	6.4 - 8.3	g/dL
METHOD : BIURET				
ALBUMIN		4.6	3.50 - 5.20	g/dL
METHOD : BROMOCRESOL GREEN				
GLOBULIN		2.4	2.0 - 4.1	g/dL
METHOD : CALCULATED				
ALBUMIN/GLOBULIN RATIO		1.9	1.0 - 2.0	RATIO
METHOD : CALCULATED				
ASPARTATE AMINOTRANSFERASE(AST/SGOT)		16	UPTO 40	U/L
METHOD : UV WITH P5P				
ALANINE AMINOTRANSFERASE (ALT/SGPT)		16	UP TO 45	U/L
METHOD : UV WITH P5P				
ALKALINE PHOSPHATASE		93	40 - 129	U/L
METHOD : PNPP				
GAMMA GLUTAMYL TRANSFERASE (GGT)		28	8 - 61	U/L
METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE				
LACTATE DEHYDROGENASE		148	135 - 225	U/L
METHOD : ENZYMATIC LACTATE - PYRUVATE(IFCC)				
BLOOD UREA NITROGEN (BUN), SERUM				
BLOOD UREA NITROGEN		8	6 - 20	mg/dL
METHOD : UREASE KINETIC				
CREATININE, SERUM				
CREATININE		0.82	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE KINETIC JAFFES				
BUN/CREAT RATIO				
BUN/CREAT RATIO		9.76	5.0 - 15.0	
METHOD : CALCULATED				
URIC ACID, SERUM				
URIC ACID		4.4	3.5 - 7.2	mg/dL
METHOD : URICASE/CATALASE UV				
TOTAL PROTEIN, SERUM				

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
TOTAL PROTEIN		7.0	6.4 - 8.3	g/dL
METHOD : BIURET				
ALBUMIN, SERUM				
ALBUMIN		4.6	3.5 - 5.2	g/dL
METHOD : BROMOCRESOL GREEN				
GLOBULIN				
GLOBULIN		2.4	2.0 - 4.1	g/dL
ELECTROLYTES (NA/K/CL), SERUM				
SODIUM, SERUM		141.5	136.0 - 146.0	mmol/L
METHOD : DIRECT ION SELECTIVE ELECTRODE				
POTASSIUM, SERUM		4.45	3.50 - 5.10	mmol/L
METHOD : DIRECT ION SELECTIVE ELECTRODE				
CHLORIDE, SERUM		102.4	98.0 - 106.0	mmol/L
METHOD : DIRECT ION SELECTIVE ELECTRODE				

Interpretation(s)

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, anti depressants [SSRI], antipsychotics.	Decreased in: Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	Decreased in: Vomiting, diarrhea, renal failure combined with salt deprivation, over-treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenal insufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics.
Increased in: Dehydration (excessive sweating, severe vomiting or diarrhea), diabetes mellitus, diabetes insipidus, hyperaldosteronism, inadequate water intake. Drugs: steroids, licorice, oral contraceptives.	Increased in: Massive hemolysis, severe tissue damage, rhabdomyolysis, acidosis, dehydration, renal failure, Addison's disease, RTA type IV, hyperkalemic familial periodic paralysis. Drugs: potassium salts, potassium-sparing diuretics, NSAIDs, beta-blockers, ACE inhibitors, high-dose trimethoprim-sulfamethoxazole.	Increased in: Renal failure, nephrotic syndrome, RTA, dehydration, overtreatment with saline, hyperparathyroidism, diabetes insipidus, metabolic acidosis from diarrhea (Loss of HCO ₃ ⁻), respiratory alkalosis, hyperadrenocorticism. Drugs: acetazolamide, androgens, hydrochlorothiazide, salicylates.
Interferences: Severe lipemia or hyperproteinemia, if sodium analysis involves a dilution step can cause spurious results. The serum sodium falls about 1.6 mEq/L for each 100 mg/dL increase in blood glucose.	Interferences: Hemolysis of sample, delayed separation of serum, prolonged fist clenching during blood drawing, and prolonged tourniquet placement. Very high WBC/PLT counts may cause spurious. Plasma potassium levels are normal.	Interferences: Test is helpful in assessing normal and increased anion gap metabolic acidosis and in distinguishing hypercalcemia due to hyperparathyroidism (high serum chloride) from that due to malignancy (Normal serum chloride)

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008

Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	--

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

Interpretation(s)

GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in: Diabetes mellitus, Cushing's syndrome (10 – 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in : Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g. galactosemia), Drugs-insulin, ethanol, propranolol, sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c LIVER FUNCTION PROFILE, SERUM-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease. Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilson's disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract, Kidney problems, such as kidney damage or failure, infection, or reduced blood flow, Loss of body fluid (dehydration), Muscle problems, such as breakdown of muscle fibers, Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to: • Myasthenia Gravis, Muscular dystrophy

URIC ACID, SERUM-Causes of Increased levels:- Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome **Causes of decreased levels-** Low Zinc intake, OCP, Multiple Sclerosis

TOTAL PROTEIN, SERUM- is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin.

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

ALBUMIN, SERUM- Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

**Dr. Arpita Pasari, MD
Consultant Pathologist**



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008



Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID : ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	---	---

Test Report Status	<u>Final</u>	Results	Biological Reference Interval	Units
--------------------	--------------	---------	-------------------------------	-------

Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008

Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

PHYSICAL EXAMINATION,STOOL

COLOUR	BROWN	
CONSISTENCY	WELL FORMED	
MUCUS	ABSENT	NOT DETECTED
VISIBLE BLOOD	ABSENT	ABSENT
ADULT PARASITE	NOT DETECTED	

CHEMICAL EXAMINATION,STOOL

STOOL PH	ALKALINE	
OCCULT BLOOD	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION,STOOL

PUS CELLS	1-2		/hpf
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
CYSTS	NOT DETECTED	NOT DETECTED	
OVA	NOT DETECTED		
LARVAE	NOT DETECTED	NOT DETECTED	
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
FAT	ABSENT		
VEGETABLE CELLS	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc.The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis

Dr.Arpita Pasari, MD
Consultant Pathologist

Dr.Meena Jinwah ,MBBS . MD
Consultant Microbiologist



View Details



View Report

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of antidiarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

- 1. Stool Culture:** - This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- 2. Fecal Calprotectin:** It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- 3. Fecal Occult Blood Test (FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- 4. Clostridium Difficile Toxin Assay:** This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- 5. Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.
- 6. Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.

Dr. Arpita Pasari, MD
Consultant Pathologist

Dr. Meena Jinwah, MBBS . MD
Consultant Microbiologist



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008

Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG1000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECK UP ABOVE 40 MALE

THYROID PANEL, SERUM

T3 METHOD : CHEMILUMINESCENCE TECHNOLOGY	127.60	80.0 - 200.0	ng/dL
T4 METHOD : CHEMILUMINESCENCE TECHNOLOGY	7.31	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE) METHOD : CHEMILUMINESCENCE TECHNOLOGY	1.460	0.270 - 4.200	µIU/mL

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism

Dr. Arpita Pasari, MD
Consultant Pathologist



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd.
Gate No 2, Residency Area, Opp. St. Raphaels School,
Indore, 452001
Madhya Pradesh, India
Tel : 0731 2490008

Patient Ref. No. 775000005703035

PATIENT NAME : CHINTAN TRIVEDI (PKG10000289) EC 85778 REF. DOCTOR : DR. BANK OF BARODA

CODE/NAME & ADDRESS : C000138355 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : 0290WL001393 PATIENT ID : CHINM310882290 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 41 Years Male DRAWN : RECEIVED : 09/12/2023 13:17:27 REPORTED : 11/12/2023 16:24:52
---	--	---

Test Report Status	Final	Results	Biological Reference Interval	Units
--------------------	-------	---------	-------------------------------	-------

8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

****End Of Report****
 Please visit www.agilusdiagnostics.com for related Test Information for this accession

CONDITIONS OF LABORATORY TESTING & REPORTING

- | | |
|--|---|
| <ol style="list-style-type: none"> It is presumed that the test sample belongs to the patient named or identified in the test requisition form. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event. A requested test might not be performed if: <ol style="list-style-type: none"> Specimen received is insufficient or inappropriate Specimen quality is unsatisfactory Incorrect specimen type Discrepancy between identification on specimen container label and test requisition form | <ol style="list-style-type: none"> AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification. Test results cannot be used for Medico legal purposes. In case of queries please call customer care (91115 91115) within 48 hours of the report. |
|--|---|

Agilus Diagnostics Ltd
 Fortis Hospital, Sector 62, Phase VIII,
 Mohali 160062

Dr.Arpita Pasari, MD
Consultant Pathologist



View Details View Report

PERFORMED AT :
 Agilus Diagnostics Ltd.
 Gate No 2, Residency Area, Opp. St. Raphaels School,
 Indore, 452001
 Madhya Pradesh, India
 Tel : 0731 2490008

Patient Ref. No. 775000005703035