

Patient Name : Mr.RAJAN SHARMA
 Age/Gender : 32 Y 7 M 26 D/M
 UHID/MR No : SKAR.0000096142
 Visit ID : SKAROPV120551
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 1224

Collected : 08/Apr/2023 09:28AM
 Received : 08/Apr/2023 10:54AM
 Reported : 08/Apr/2023 11:59AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

| | |
|------------|---|
| RBCs | Show mild anisocytosis, are predominantly Normocytic Normochromic |
| WBCs | Normal in number and morphology Differential count is within normal limits |
| Platelets | Adequate in number, verified on smear |
| | No Hemoparasites seen in smears examined. |
| Impression | Normal peripheral smear study |
| Advice | Clinical correlation |



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HEMOGRAM , WHOLE BLOOD-EDTA

| | | | | |
|-----------------------------|-----------|---------------|------------|--------------------------------|
| HAEMOGLOBIN | 14 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.00 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 4.58 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 92 | fL | 83-101 | Calculated |
| MCH | 30.6 | pg | 27-32 | Calculated |
| MCHC | 33.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 15 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,500 | cells/cu.mm | 4000-10000 | Electrical Impedance |

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

| | | | | |
|-------------|----|---|-------|----------------------|
| NEUTROPHILS | 66 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 25 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 04 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 05 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |

ABSOLUTE LEUCOCYTE COUNT

| | | | | |
|-------------|------|-------------|-----------|----------------------|
| NEUTROPHILS | 4290 | Cells/cu.mm | 2000-7000 | Electrical Impedance |
| LYMPHOCYTES | 1625 | Cells/cu.mm | 1000-3000 | Electrical Impedance |
| EOSINOPHILS | 260 | Cells/cu.mm | 20-500 | Electrical Impedance |
| MONOCYTES | 325 | Cells/cu.mm | 200-1000 | Electrical Impedance |

| | | | | |
|---|--------|-------------------------|---------------|----------------------|
| PLATELET COUNT | 219000 | cells/cu.mm | 150000-410000 | Electrical impedance |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 12 | mm at the end of 1 hour | 0-15 | Modified Westergren |

| | | | | |
|-------------------------|--|--|--|--|
| PERIPHERAL SMEAR | | | | |
|-------------------------|--|--|--|--|



| | |
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

| | | | | |
|------------------|----------|--|--|-------------------|
| BLOOD GROUP TYPE | A | | | Gel agglutination |
| Rh TYPE | POSITIVE | | | Gel agglutination |



SIN No:BED230088844

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Begumpet, Hyderabad, Telangana - 500016

Address:

66A/2, New Rohtak Road, Near Liberty
Cinema, Karol Bagh, New Delhi

| | |
|--------------------------------|--|
| Patient Name : Mr.RAJAN SHARMA | Collected : 08/Apr/2023 12:55PM |
| Age/Gender : 32 Y 7 M 26 D/M | Received : 08/Apr/2023 02:07PM |
| UHID/MR No : SKAR.0000096142 | Reported : 08/Apr/2023 02:26PM |
| Visit ID : SKAROPV120551 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

| | | | | |
|--------------------------------------|----|-------|--------|-----------|
| GLUCOSE, FASTING , NAF PLASMA | 86 | mg/dL | 70-100 | GOD - POD |
|--------------------------------------|----|-------|--------|-----------|

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 |

| | | | | |
|--|-----|-------|--------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA | 154 | mg/dL | 70-140 | GOD - POD |
|--|-----|-------|--------|-----------|

Please correlate clinically.

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



| | |
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| UHID/MR No : SKAR.0000096142 | Reported : 08/Apr/2023 03:36PM |
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| | | | | |
|---|-----|-------|--|------------|
| HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA | 5.5 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA | 111 | 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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| UHID/MR No : SKAR.0000096142 | Reported : 08/Apr/2023 11:06AM |
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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| LIPID PROFILE , SERUM | | | | |
|------------------------------|--------------|-------|--------|-------------|
| TOTAL CHOLESTEROL | 247 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 151 | mg/dL | <150 | |
| HDL CHOLESTEROL | 48 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 199 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 168.8 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 30.2 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.15 | | 0-4.97 | Calculated |

Kindly correlate clinically

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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LIVER FUNCTION TEST (LFT) , SERUM

| | | | | |
|---------------------------------------|-------------|-------|---------|-------------------|
| BILIRUBIN, TOTAL | 1.20 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.30 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.90 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 85 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 42.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 104.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 7.90 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.20 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.70 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.93 | | 0.9-2.0 | Calculated |

Kindly correlate clinically



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|-----------|--------|------|-----------------|--------|

RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

| | | | | |
|-----------------------|-----------|--------|------------|------------------|
| CREATININE | 0.80 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 21.00 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 9.8 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.20 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.40 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.40 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 139 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.3 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 97 | mmol/L | 98-107 | Direct ISE |

Kindly correlate clinically



SIN No:SE04344434

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DEPARTMENT OF BIOCHEMISTRY

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|-----------|--------|------|-----------------|--------|

| | | | | |
|--|---------------|-----|-------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 152.00 | U/L | 16-73 | Glycylglycine Kinetic method |
|--|---------------|-----|-------|------------------------------|

Kindly correlate clinically



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

| | | | | |
|-----------------------------------|-------|--------|------------|------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 1.01 | ng/mL | 0.7-2.04 | |
| THYROXINE (T4, TOTAL) | 9.04 | µg/dL | 6.09-12.23 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 1.110 | µIU/mL | 0.34-5.60 | CLIA |

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 |



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DEPARTMENT OF CLINICAL PATHOLOGY

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|-----------|--------|------|-----------------|--------|

COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

| | | | | |
|--------------|-------------|--|-------------|------------------|
| COLOUR | PALE 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 | 1-2 | /hpf | <10 | MICROSCOPY |
| RBC | NIL | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |



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|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

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


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