

Mr vyanktesh mundhe
ID: 191276

28.10.2023 11:54:13
APOLLO SPECTRA HOSPITAL
KORAMANGALA
BANGALORE

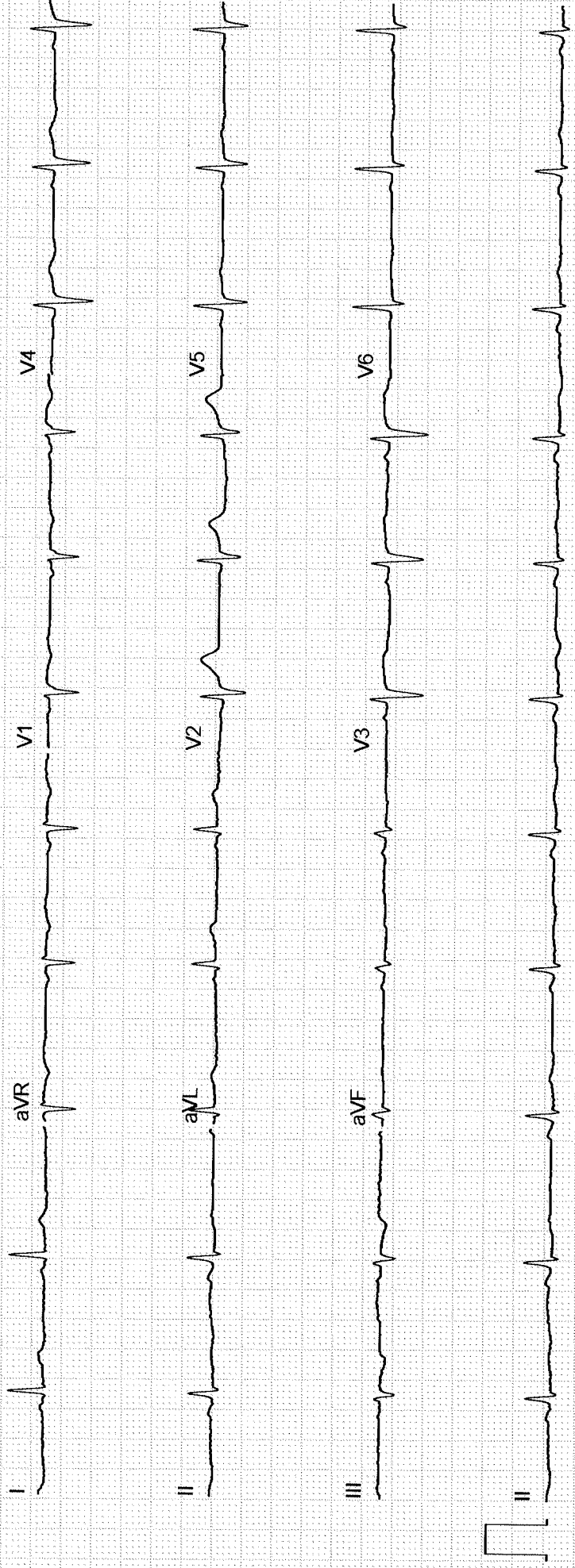
66 bpm
--/-- mmHg

BP - 120/79 mmHg

39 Years
Male

QRS : 92 ms
QT / QTcBaz : 362 / 379 ms
PR : 126 ms
P : 92 ms
RR / PP : 912 / 909 ms
P / QRS / T : 35 / 15 / -13 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



Patient Name : Mr. Vyanktesh Narayanrao Mundhe Age : 39 Y M
UHID : SKOR.0000191276 OP Visit No : SKOROPV268751
Reported on : 28-10-2023 11:36 Printed on : 28-10-2023 11:39
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Trachea appears normal.

Both the lung fields are clear.

Cardiac shadows appear apparently normal.

Both domes of diaphragm appear normal.

Both costophrenic angles are clear.

Bony thoracic cage shows no deformity. Visualised bones appear normal.

Soft tissues appear normal.

Impression: Essentially Normal Study.

Printed on:28-10-2023 11:36

---End of the Report---



Dr. REVANSIDDAPPA KALYANI
MBBS,DNB (RADIO - DIAGNOSIS)
Radiology

TOUCHING LIVES

NAME	Mr. VYANKATESH NARAYANRAO MUNDHE		DATE:28/10/2023
AGE	39YRS	KRM NUMBER	191276
GENDER	MALE	REFERRED BY	DR.SELF

DIMENSIONS:

AORTA:2.6 cms	IVSD: 1.0 cms	LVDd: 4.0 cms	LVPWD :0.97 cms
LA : 2.7 cms	IVSS : 1.15 cms	LVDs:2.7 cms	LVPWS:1.0 cms
EF : 60%			EDV :70 ML
			ESV :30 ML

VALVES:

MITRAL : NORMAL.
TRICUSPID : NORMAL.
AORTIC : NORMAL.
PULMONARY : NORMAL.

2D - ECHO:

IAS : Intact.
IVS : Intact.
RA : Normal.
RV : Normal.
LA : NORMAL.
LV : NORMAL;
IVC, AORTA AND PULMONARY ARTERY: NORMAL.
PERICARDIUM : NORMAL.

DOPPLER DAT

Mitral valve : E-0.82M/sec A-0.71 m/sec, NO MR.
Tricuspid valve : NO TR
Aortic valve : V max -1.0 m /sec, MILD AR
Pulmonary valve : NO PR.

FINAL IMPRESSION:

NORMAL CHAMBERS AND VALVES
NO LV REGIONAL WALL MOTION ABNORMALITIES AT REST
NORMAL LV & RV SYSTOLIC FUNCTION, EF- 60%
NO PERICARDIAL EFFUSION/CLOT/ VEGETATION.

DR. MOHAN MURALI
Consultant Cardiologist

~~99792359~~

Dr. Roma Haider

Dental Surgeon
Certified in Esthetic Dentistry & Implantology
Email : roma.haider@yahoo.com
Consultation : Monday to Saturday 10 am to 7 pm



8296500869 - WhatsApp
7259679908

H.C.

39/M.

- Restorative Procedures
- Root canal treatment
- Teeth replacement - fixed and removable dentures
- Oral surgery
- Orthodontics
- Preventive dentistry
- Dental Implants
- Pedodontics
- Esthetics & smile design
- Tooth Jewellery
- Periodontics

Mr Vyenkalesh Narayanao

O/E : Cross bite ist $\frac{1}{2}$

- Spacing noted ist U + lower

anterior teeth

↳ Trauma from occlusion.

Pt. Name: MR. VYANAKTESH NARAYANRAO MUNDHE	Age/Sex: 39 Y / M
Ref By: H C	Date: 28 - 10 - 2023

ULTRASOUND ABDOMEN AND PELVIS

- LIVER:** Normal in size measures 12.5 cms and normal in echotexture. No focal lesion is seen. No IHBR dilatation is seen. Portal vein and CBD are normal.
- GALL BLADDER:** Is well distended with normal wall thickness. No pericholecystic collection is seen. No intraluminal content or calculi are seen.
- PANCREAS:** Normal in size and echotexture. No focal lesion is seen. Peri-pancreatic fat planes are well preserved.
- SPLEEN:** Normal in size measures 9.2 cms and normal in echotexture. No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 11.0 x 5.0 cms, Left Kidney measures 9.7 x 4.8 cms. Both kidneys are normal in size, shape, position, contour and echotexture. Cortico-medullary differentiation is well maintained. No calculi / hydronephrosis are seen.
- URINARY BLADDER:** Is well-distended with normal wall thickness. No intraluminal content or calculi are seen.
- PROSTATE:** Normal in size and echotexture. No focal lesion is seen.
- No lymphadenopathy or ascites are seen.

IMPRESSION: NORMAL STUDY.

Thanks for reference.



Dr. R. K. KALYANI
M.B.B.S., D.N.B.
CONSULTANT RADIOLOGIST

Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:44 AM
 Received : 28/Oct/2023 09:47 AM
 Reported : 28/Oct/2023 10:40 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:30 AM
 Received : 28/Oct/2023 09:47 AM
 Reported : 28/Oct/2023 10:40 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	40.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	85	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	35.6	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,400	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	52	%	40-80	Electrical Impedance
LYMPHOCYTES	41	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	06	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2288	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1804	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	44	Cells/cu.mm	20-500	Calculated
MONOCYTES	264	Cells/cu.mm	200-1000	Calculated
PLATELET COUNT	134000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBCs are normocytic normochromic.

WBCs are normal in number with normal distribution and morphology.

Platelets are adequate.

No hemoparasites or abnormal cells seen.

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Result Rechecked



Patient No : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:34 AM
 Received : 28/Oct/2023 09:47 AM
 Reported : 28/Oct/2023 12:04 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

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

BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	AB			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 11:32AM
 Received : 28/Oct/2023 11:32AM
 Reported : 28/Oct/2023 12:12PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	GOD - POD
-------------------------------	----	-------	--------	-----------

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	129	mg/dL	70-140	GOD - POD
--	-----	-------	--------	-----------

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.



Age/Gender : 39 Y 3 M 9 D/M
UHID/MR No : SKOR.0000191276
Visit ID : SKOROPV268751
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24 AM
Received : 28/Oct/2023 12:06 PM
Reported : 28/Oct/2023 01:21 PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE Age/Gender : 39 Y 3 M 9 D/M UHID/MR No : SKOR.0000191276 Visit ID : SKOROPV268751 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 512697	Collected : 28/Oct/2023 08:44AM Received : 28/Oct/2023 09:47AM Reported : 28/Oct/2023 10:22AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
--	--

DEPARTMENT OF BIOCHEMISTRY

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

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

LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	168	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	114	mg/dL	<150	
HDL CHOLESTEROL	39	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	129	mg/dL	<130	Calculated
LDL CHOLESTEROL	106.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.31		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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Mr. VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24AM
 Received : 28/Oct/2023 09:47AM
 Reported : 28/Oct/2023 10:22AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	21	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	82.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.7		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24AM
 Received : 28/Oct/2023 09:47AM
 Reported : 28/Oct/2023 10:22AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

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

CREATININE	0.68	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	18.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	4.0-7.0	URICASE
CALCIUM	8.30	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.20	mg/dL	2.6-4.4	PNP-XOD
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	96	mmol/L	98 - 107	Direct ISE





Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24 AM
 Received : 28/Oct/2023 09:47 AM
 Reported : 28/Oct/2023 10:22 AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	82.00	U/L	32-111	IFCC
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.00	U/L	16-73	Glycylglycine Kinetic method



SIN No:SE04523492

**DIAGNOSTICS***Expertise. Empowering you.*

Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24 AM
 Received : 28/Oct/2023 12:28PM
 Reported : 28/Oct/2023 02:40PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324**

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

VITAMIN D (25 - OH VITAMIN D) , SERUM	6.3	ng/mL		CLIA
---------------------------------------	-----	-------	--	------

Comment:**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.

VITAMIN B12 , SERUM	125	pg/mL	187 - 883	CMIA
---------------------	-----	-------	-----------	------

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations



DIAGNOSTICS
Expertise. Empowering you.

Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24 AM
 Received : 28/Oct/2023 12:28 PM
 Reported : 28/Oct/2023 02:40 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

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

are normal.



SIN No:SPL23152741

Age No : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:21 AM
 Received : 28/Oct/2023 12:28 PM
 Reported : 28/Oct/2023 01:18 PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.700	ng/mL	0-4	CLIA



Age/Gender : Mr.VYANKTESH NARAYANRAO MUNDHE
 : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:24AM
 Received : 28/Oct/2023 09:47AM
 Reported : 28/Oct/2023 10:23AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
COLOUR	DARK YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
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

TEST NAME	RESULT	UNIT	BIO. REF. RANGE	METHOD
PUS CELLS	4 - 5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6 - 8	/hpf	<10	MICROSCOPY
RBC	3 - 4	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY





Patient Name : Mr.VYANKTESH NARAYANRAO MUNDHE
 Age/Gender : 39 Y 3 M 9 D/M
 UHID/MR No : SKOR.0000191276
 Visit ID : SKOROPV268751
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 512697

Collected : 28/Oct/2023 08:44AM
 Received : 28/Oct/2023 09:47AM
 Reported : 28/Oct/2023 10:22AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED


DEPARTMENT OF CLINICAL PATHOLOGY

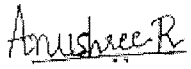
ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

*** End Of Report ***

Result/s to Follow:
 THYROID PROFILE TOTAL (T3, T4, TSH)


 DR.SHIVARAJA SHETTY
 M.B.B.S.M.D(Biochemistry)
 CONSULTANT BIOCHEMIST


 Dr. Anushree R
 M.B.B.S.M.D(Pathology)
 Consultant Pathologist



SIN No:UPP015668,UF009670