

Patient Name	: Mr. ARVIND AGNIHOTRI	Age/Gender	: 45 Y/M
UHID/MR No.	: SKAN.0000126505	OP Visit No	: SKANOPV147590
Sample Collected on	: 10-06-2023 11:09	Reported on	: 11-06-2023 11:14
LRN#	: LAB12956464	Specimen	: Serum(Spl)
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: 760274		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)			
PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) Method: CLIA	0.675	0 - 4	ng/mL
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)			
TOTAL T3: TRI IODOTHYRONINE - SERUM Method: CLIA	0.84	0.6 - 1.81 ng/mL	ng/mL
TOTAL T4: THYROXINE - SERUM Method: CLIA	6.72	3.2 - 12.6	µg/dL
TSH: THYROID STIMULATING HORMONE - SERUM Method: CLIA	2.71	0.35 - 5.5	µIU/mL
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method: HPLC	10.9*	<=5.6: Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	266.13		mg/dL

---End Of Report---

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Sample Collected on	: 10-06-2023 11:09	Reported on	: 10-06-2023 16:15
LRN#	: LAB12956464	Specimen	: Serum
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: 760274		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
CHOLESTEROL Method: CHOD-End Point POD (Enzymatic)	210*	<200 - Desirable 200-239 - Borderline High ≥240 - High	mg/dL
HDL Method: Direct Measure PEG	57	<40 - Low ≥60 - High	mg/dL
LDL Method: Calculation Friedewald's Formula	101	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
TRIGLYCERIDES Method: Enzymatic GPO/POD/End Point	260*	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : ≥ 500 Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	mg/dl
VLDL Method: Calculated	52*	10-40	mg/dL
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.8	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	4.0	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	24	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	8.56	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	11.19	9-20	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	137	135 - 145	meq/L
ELECTROLYTES (K) Method: ISE-Direct	3.9	3.5 - 5.1	meq/L
GLUCOSE, FASTING			
FASTING SUGAR Method: GOD-PAP	331*	70 - 110	mg/dl
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) Method: Glucose Oxidase-Peroxidase	496*	70 - 140	mg/dl
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL Method: Azobilirubin/dyphylline	1.27	0.2 - 1.3	mg/dL
BILIRUBIN (DIRECT) Method: Dual Wavelength Spectrophotometric	0.34	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
BILIRUBIN UNCONJUGATED(INDIRECT) Method: Dual Wavelength Spectrophotometric	0.93	0.0 - 1.1	mg/dL
ALBUMIN Method: Bromocresol Green dye binding	4.5	3.0 - 5.0	g/dL
PROTEIN TOTAL Method: Biuret Reaction	7.3	6.0 - 8.2	g/dL

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: 45 Y/M

AST (SGOT) Method: Kinetic (Leuco dye) with P 5 P	29	14 - 36	U/L
GLOBULINN Method: Calculation	2.8	2.8 - 4.5	g/dL
ALT(SGPT)	35	9 - 52	U/L
GAMMA GLUTAMYL TRANFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	22	< 55	U/L

---End Of Report---

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UHID/MR No.	: SKAN.0000126505	OP Visit No	: SKANOPV147590
Sample Collected on	: 10-06-2023 11:09	Reported on	: 10-06-2023 15:18
LRN#	: LAB12956464	Specimen	: Urine
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: 760274		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Straw	Pale Yellow	
Specific Gravity Method: Indicator Method	1.030	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Traces	Nil	
Glucose: Method: Glucose Oxidase	++++	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf
RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

---End Of Report---

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Age/Gender : 45 Y/M

UHID/MR No. : SKAN.0000126505

OP Visit No : SKANOPV147590

Sample Collected on : 10-06-2023 11:09

Reported on : 10-06-2023 15:08

LRN# : LAB12956464

Specimen : Blood(EDTA)

Ref Doctor : SELF

Emp/Auth/TPA ID : 760274

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : with in normal limit.DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
Note/Comment : Please Correlate clinically

---End Of Report---

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Sample Collected on	: 10-06-2023 11:09	Reported on	: 10-06-2023 15:06
LRN#	: LAB12956464	Specimen	: Blood(EDTA)
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: 760274		
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DEPARTMENT OF LABORATORY MEDICINE

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HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	15.4	13 - 17	g/dL
RBC Count Method: Electrical Impedance	5.42	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	46.1	40 - 50	%
MCV Method: Calculated	85.1	83 - 101	fl
MCH Method: Calculated	28.4	27 - 32	pg
MCHC Method: Calculated	33.4	31.5 - 34.5	g/dl
RDW	13.9	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.82	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	7600	4000 - 11000	cells/cumm
Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)			
Neutrophils	66	40 - 80	%
Lymphocytes	30	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	10	0 - 14	mm/hr

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BLOOD GROUP ABO AND RH FACTOR			
ABO Method: Microplate Hemagglutination	AB		
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE		

---End Of Report---

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Sample Collected on	:	Reported on	: 10-06-2023 11:41
LRN#	: RAD2019159	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 760274		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

ULTRASOUND - WHOLE ABDOMEN

Liver- normal in size shape & **mild fatty liver** . No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.
Gall Bladder- Normal in distension and wall thickness.No sizeable calculus or mass lesion.
CBD normal in course, caliber & clear in visualized region.
Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion.Main Pancreatic duct not dilated.
Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.
Retroperitoneum -No sizeable retroperitoneal lymphadenopathy in visualized region. Visualized segment of aorta and IVC normal.
Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated.No calculus or mass lesion. Bilateral ureter not dilated.
Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.
Prostate- Grade I Prostatomegaly (25gram) .
No evidence of ascites.

IMPRESSION:

- **Mild fatty liver.**
- **Grade I Prostatomegaly.**

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Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology