

Patient Name : Mr.VIVEK MEHTA
 Age/Gender : 59 Y 9 M 11 D/M
 UHID/MR No : SKAR.0000098880
 Visit ID : SKAROPV126291
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 45435

Collected : 02/Sep/2023 09:32AM
 Received : 02/Sep/2023 11:07AM
 Reported : 02/Sep/2023 11:36AM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	13.7	g/dL	13-17	Spectrophotometer
PCV	41.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.67	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3920	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1400	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	112	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	168	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	173000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 12:59PM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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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:BED230210714

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD
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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:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	126	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)

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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230080831

Patient Name : Mr.VIVEK MEHTA	Collected : 02/Sep/2023 09:31AM
Age/Gender : 59 Y 9 M 11 D/M	Received : 02/Sep/2023 10:55AM
UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 11:57AM
Visit ID : SKAROPV126291	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	219	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	145	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	138	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. 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.
5. 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.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:SE04469892

Patient Name : Mr.VIVEK MEHTA
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ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



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

CREATININE	0.83	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	31.50	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	14.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	16-73	Glycylglycine Kinetic method



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.06	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	11.81	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	0.360	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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COMPLETE URINE EXAMINATION (CUE) , 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	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***


Dr.Tanish Mandal
M.B.B.S,M.D(Pathology)
Consultant Pathologist


Dr.Shivangi Chauhan
M.B.B.S,M.D(Pathology)
Consultant Pathologist


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



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DEPARTMENT OF HAEMATOLOGY

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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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MCV	89	fL	83-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	33	g/dL	31.5-34.5	Calculated
R.D.W	14.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,600	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	25	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
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LYMPHOCYTES	1400	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	112	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	168	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	173000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	30	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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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:BED230210714

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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	89	mg/dL	70-100	GOD - POD
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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:

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	91	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.

Ref: Marks medical biochemistry and clinical approach



Patient Name ^S : Mr.VIVEK MEHTA	Collected : 02/Sep/2023 09:31AM
Age/Gender : 59 Y 9 M 11 D/M	Received : 02/Sep/2023 02:10PM
UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 09:03PM
Visit ID : SKAROPV126291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 45435	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	126	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
 - HbF >25%
 - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Patient Name ^S : Mr.VIVEK MEHTA Age/Gender : 59 Y 9 M 11 D/M UHID/MR No : SKAR.0000098880 Visit ID : SKAROPV126291 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 45435	Collected : 02/Sep/2023 09:31AM Received : 02/Sep/2023 02:10PM Reported : 02/Sep/2023 09:03PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name^S : Mr.VIVEK MEHTA	Collected : 02/Sep/2023 09:31AM
Age/Gender : 59 Y 9 M 11 D/M	Received : 02/Sep/2023 10:55AM
UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 11:57AM
Visit ID : SKAROPV126291	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 45435	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	219	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	145	mg/dL	<150	
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	167	mg/dL	<130	Calculated
LDL CHOLESTEROL	138	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.21		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 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

Patient Name ^s : Mr.VIVEK MEHTA Age/Gender : 59 Y 9 M 11 D/M UHID/MR No : SKAR.0000098880 Visit ID : SKAROPV126291 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 45435	Collected : 02/Sep/2023 09:31AM Received : 02/Sep/2023 10:55AM Reported : 02/Sep/2023 11:57AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Eq. Ref. Range	Method



Patient Name ^s : Mr.VIVEK MEHTA	Collected : 02/Sep/2023 09:31AM
Age/Gender : 59 Y 9 M 11 D/M	Received : 02/Sep/2023 10:55AM
UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 11:57AM
Visit ID : SKAROPV126291	Status : Final Report
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Emp/Auth/TPA ID : 45435	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	92.00	U/L	32-111	JSCC
PROTEIN, TOTAL	7.70	g/dL	6.7-8.3	BIGRET
ALBUMIN	4.60	g/dL	3.3-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.48		0.9-2.0	Calculated



Patient Name ^S	: Mr.VIVEK MEHTA	Collected	: 02/Sep/2023 09:31AM
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Visit ID	: SKAROPV126291	Status	: Final Report
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Emp/Auth/TPA ID	: 45435		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

CREATININE	0.83	mg/dL	0.8-1.1	ENZYMATIC METHOD
UREA	31.50	mg/dL	17-46	Urease
BLOOD UREA NITROGEN	14.7	mg/dL	6.4-20.0	Calculated
URIC ACID	6.50	mg/dL	4.0-7.0	URICASE
CALCIUM	9.00	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.60	mg/dL	2.6-4.4	PHIP-XOD
SODIUM	141	mmol/L	138-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	101	mmol/L	98-107	Direct ISE



TOUCHING LIVES

Patient Name	: Mr.VIVEK MEHTA	Collected	: 02/Sep/2023 09:31AM
Age/Gender	: 59 Y 9 M 11 D/M	Received	: 02/Sep/2023 10:55AM
UHID/MR No	: SKAR.0000098880	Reported	: 02/Sep/2023 11:57AM
Visit ID	: SKAROPV126291	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 45435		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	16-73	Glycylglycine Kinetic method



TOUCHING LIVES	Patient Name : Mr.VIVEK MEHTA	Collected : 02/Sep/2023 09:31AM
	Age/Gender : 59 Y 9 M 11 D/M	Received : 02/Sep/2023 02:07PM
	UHID/MR No : SKAR.0000098880	Reported : 02/Sep/2023 03:18PM
	Visit ID : SKAROPV126291	Status : Final Report
	Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
	Emp/Auth/TPA ID : 45435	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - TY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	11.81	µg/dL	6.09-15.23	CLIA
THYROID STIMULATING HORMONE (TSH)	0.360	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T₃ (Triiodothyronine) and its prohormone T₄ (Thyroxine). Increased blood level of T₃ and T₄ inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T₄ & T₃ provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects like beta-blockers
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes



TOU	PHYSICIAN'S	Patient Name : Mr.VIVEK MEHTA Age/Gender : 59 Y 9 M 11 D/M UHID/MR No : SKAR.0000098880 Visit ID : SKAROPV126291 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 45435	Collected : 02/Sep/2023 09:34 AM Received : 02/Sep/2023 02:07 PM Reported : 02/Sep/2023 03:03 PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PA 4 (L) 172324

Test Name	Result	Unit	Bio. Ref. range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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SIN No:SPL23125058

Patient Name's	: Mr.VIVEK MEHTA	Collected	: 02/Sep/2023 09:31AM
Age/Gender	: 59 Y 9 M 11 D/M	Received	: 02/Sep/2023 11:45AM
UHID/MR No	: SKAR.0000098880	Reported	: 02/Sep/2023 12:10PM
Visit ID	: SKAROPV126291	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 45435		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-8	Bromothymol Blue
SP. GRAVITY	1.030		1.003-1.030	Dipstick


BIOCHEMICAL EXAMINATION

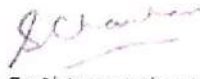
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLU-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PHOSPHATASE

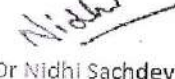
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf		Microscopy
EPITHELIAL CELLS	2-3	/hpf		MICROSCOPY
RBC	NIL	/hpf		MICROSCOPY
CASTS	NIL		GC Negative test	MICROSCOPY
CRYSTALS	ABSENT			MICROSCOPY

*** End Of Report ***


Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist


Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist


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

SIN No: UR2177070



=====

NAME: VIVEK MEHTA
REF. BY: HEALTH CHECK UP
DATE: 2.9.2023

=====

AGE 59 Y /SEX/M
UHID: SKAR0000098880
S. NO: 13671

X-RAY CHEST PA

Bilateral lungs show prominent bronchovascular markings .

Both costophrenic angles are clear.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.


DR. SAURABH, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
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#7-1-617/A, 615 & 616 Imperial Towers,
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Ameerpet, Hyderabad-500038. Telangana.

02/09/23

Mr Vivek Mehta
59/m

	(L)		(L)
Fear	↳	↳	
↳	↳	↳	
↳	↳	↳	

Vivek, Mehta
ID: 98880

59 Years 172 cm Male
75.4 kg

02.09.2023 10:20:50
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

QRS : 72 ms
QT / QTcBaz : 358 / 369 ms
PR : 138 ms
P : 82 ms
RR / PP : 938 / 937 ms
P / QRS / T : 6 / 29 / 49 degrees

Normal sinus rhythm
Normal ECG

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

64 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

BMI: 25.5
BP: 110/70 mmHg

