

Date : 30/11/23  
 MRNO :  
 Name : Mr. Roger Mathew Sam.  
 Age / Gender : 36yrs/M  
 Mobile No :

Department :  
 Consultant : DV-RAVI  
 Reg. No : KMC 106,430  
 Qualification :  
 Consultation Timing :

Pulse : 76 B/m	B.P. : 126/77 mmHg	Resp :	Temp :
Weight : 96.4 Kg.	Height : 174.3cm	BMI : 31.7	Waist Circum :

General Examination / Allergies  
History

HbA1C - 6.2  
 LDL cholesterol  
 L 131

Inv  
 - HbA1C  
 - Lipid profile ] after 3 months

Clinical Diagnosis & Management Plan

- Avoid oily food, Maize, white Rice, Sugar & non Veg.
- Brisk walking 30 min. daily
- To take Garlic.

*Pr*

Follow up date:

Doctor Signature

36 Years

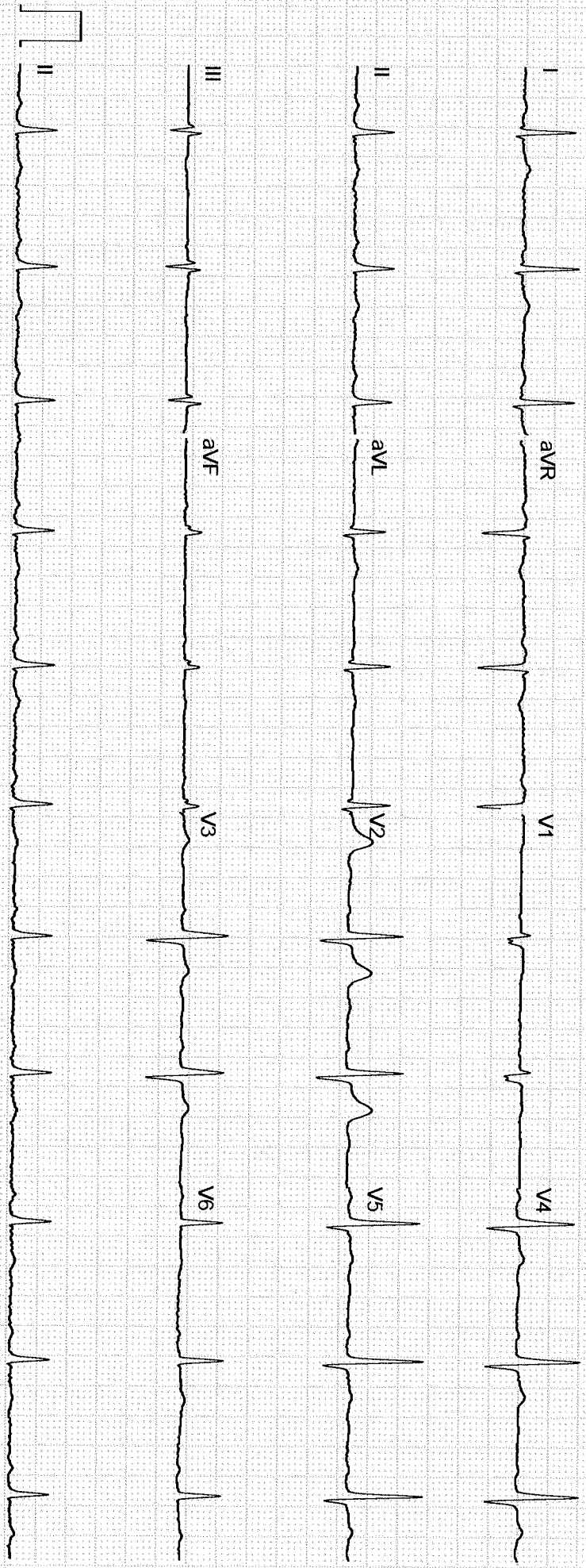
Male

Normal sinus rhythm  
Normal ECG

BP - 124/77 mmHg

QRS : 94 ms  
QT / QTcBaz : 376 / 394 ms  
PR : 172 ms  
P : 80 ms  
RR / PP : 912 / 909 ms  
P / QRS / T : 59 / 21 / 1 degrees

*RS*



Patient Name : Mr. ROGER MATHEW SAM Age : 36 Y M  
UHID : CJPN.0000033787 OP Visit No : SKOROPV272122  
Reported on : 30-11-2023 11:39 Printed on : 30-11-2023 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:30-11-2023 11:39

---End of the Report---



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

Pt. Name: MR. ROGER MATHEW SAM	Age/Sex: 36 Y / M
Ref By: H.C	Date: 30 / 11 / 2023

**ULTRASOUND ABDOMEN AND PELVIS**

- LIVER:** Normal in size measures 14.1 cms and shows increased 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 9.7 cms and normal in echotexture. No focal lesion is seen. Splenic vein is normal.
- KIDNEYS:** Right Kidney measures 10.0 x 4.5 cms, Left Kidney measures 10.1 x 4.6 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 measuring 3.0 x 3.8 x 3.3 cms, volume 20 cc.  
No lymphadenopathy or ascites are seen.

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**IMPRESSION: FATTY CHANGES IN LIVER.**

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Thanks for reference.



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

TOUCHING LIVES

<b>NAME</b>	<b>Mr. ROGER MATHEW SAM</b>		<b>DATE:30-11-2023</b>
<b>AGE</b>	<b>36YRS</b>	<b>KRM NUMBER</b>	<b>033787</b>
<b>GENDER</b>	<b>MALE</b>	<b>REFERRED BY</b>	<b>SELF</b>

**DIMENSIONS:**

<b>AORTA: 2.2 cms</b>	<b>IVSD: 1.19 cms</b>	<b>LVDd: 4.2 cms</b>	<b>LVPWD :1.1 cms</b>
<b>LA : 2.7 cms</b>	<b>IVSS : 1.23 cms</b>	<b>LVDs:2.8 cms</b>	<b>LVPWS:1.2 cms</b>
<b>EF : 60%</b>			<b>EDV :78 ML</b>
			<b>ESV :31 ML</b>

**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-0.74 M/sec A-0.54 m/sec, NO MR.**  
**Tricuspid valve : NO TR**  
**Aortic valve : V max –1.0 m /sec**  
**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**

**DOCTORS NOTE**

NAME: Mr. Roger Mathew Sam.

AGE: 36/M SEX:

NO:

- HbA1c
- Avoid red meat (chicken & Fish once in a wk)
  - Avoid white rice; sugar, jaggery, honey, Arum Rice dates, artificial sweetener & stevia

- Avoid oily, fried & processed
- cold pressed oil coconut ✓

prediabetic use oil only for greasing.

- fruit: Apple / Guava / Pear / Anzard / orange / Mosambi

weight loss & not prediabetic. Papaya / Apple / citrus

- water - 3L/d includes juices & liquids.
- Workout - walking + planets (inlips C to be sent by me).

- w-3 & fiber supplements madhuashini - after reports.

- Diet history taken & explained the plan of action explained.

- HT:- 174.3cms
- WT:- 96.4kg
- No Food allergies Non-veg.
- Dyslipidemia
- Fatty changes in liver.
- Prediabetic case to do reports.
- GH - mother.
- 9:30 - 8:30 pm. work
- 10:30 - 5:30 pm
- Stress factor - 11.2
- Occ. alcohol. stopped from last 6 months

  
20/11/22.

**Dr. Manaswini Ramachandra,** MBBS, MS (ENT)  
Consultant ENT and Head & Neck Surgeon  
Fellowship in Endoscopic Sinus Surgery  
Trained in Allergy (AASC)  
Email : manaswiniramachandra@gmail.com



Mr. Rogan  
u

36yr. / M

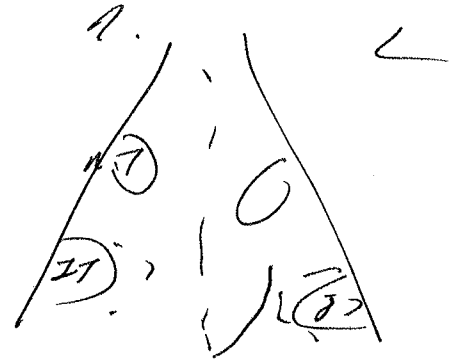
30-11-23

Health Check

Bw - (2)

Nox = Dns to (C)  
B/L ITC.

OC/OP : Malagathi God ~~ITC~~



Ref: Assessment for Sleep Apnea.

To R/w back with symptoms.





**DIAGNOSTICS**  
Expertise. Empowering you.

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 Visit ID : SKOROPV272122  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 127724

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 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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.**



SIN No:BED230294514



Patient Name : Mr.ROGER MATHEW SAM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	13.3	g/dL	13-17	Spectrophotometer
PCV	<b>39.40</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.75	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	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	3894	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2244	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	66	Cells/cu.mm	20-500	Calculated
MONOCYTES	396	Cells/cu.mm	200-1000	Calculated

**PLATELET COUNT**

PLATELET COUNT	266000	cells/cu.mm	150000-410000	Electrical impedance
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**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:BED230294514

Patient Name : Mr. ROGER MATHEW SAM  
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - 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	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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Collected : 30/Nov/2023 10:56 AM  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	90	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:**
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL, and/or a random  $\geq$  2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
  - Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	107	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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	<b>6.2</b>	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	131	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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	211	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	227	mg/dL	<150	
HDL CHOLESTEROL	34	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	177	mg/dL	<130	Calculated
LDL CHOLESTEROL	131.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.21		0-4.97	Calculated

Result Rechecked

**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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

BILIRUBIN, TOTAL	0.70	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.57		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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.60	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	23.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.60	mg/dL	4.0-7.0	URICASE
CALCIUM	8.40	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	139	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	99	mmol/L	98 - 107	Direct ISE





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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.00	U/L	16-73	Glycylglycine Kinetic method



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	17.30	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.519	µIU/mL	0.34-5.60	CLIA

**Comment:**

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

- 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.
- 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.
- 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.
- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23171617

Age/Gender : Mr.ROGER MATHEW SAM  
 : 36 Y 8 M 13 D/M  
 UHID/MR No : CJPN.0000033787  
 Visit ID : SKOROPV272122  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 127724

Collected : 30/Nov/2023 08:31 AM  
 Received : 30/Nov/2023 09:40 AM  
 Reported : 30/Nov/2023 10:12 AM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

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

**PHYSICAL EXAMINATION**

Test Name	Result	Unit	Bio. Ref. Range	Method
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		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	3 - 4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	ABSENT			MICROSCOPY



SIN No:UR2230484



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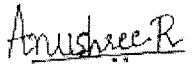
**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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 \*\*\*

  
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SIN No:UPP015890,UF009897