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Patient Name	: Mr.C SHANTHA MURTHY	Collected	: 24/May/2023 07:56AM
Age/Gender	: 53 Y 7 M 9 D/M	Received	: 24/May/2023 11:00AM
UHID/MR No	: CINR.0000084595	Reported	: 24/May/2023 11:54AM
Visit ID	: CINROPV194794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9900424811		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	97	mg/dL	70-100	HEXOKINASE

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

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , *WHOLE BLOOD-EDTA*	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , *WHOLE BLOOD-EDTA*	88	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

SIN No:PLF01975547,EDT230048719

Patient Name	: Mr.C SHANTHA MURTHY	Collected	: 24/May/2023 07:56AM
Age/Gender	: 53 Y 7 M 9 D/M	Received	: 24/May/2023 11:31AM
UHID/MR No	: CINR.0000084595	Reported	: 24/May/2023 12:00PM
Visit ID	: CINROPV194794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	193	mg/dL	<200	CHO-POD
TRIGLYCERIDES	**261**	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	55	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**138**	mg/dL	<130	Calculated
LDL CHOLESTEROL	85.9	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**52.2**	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.51		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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

SIN No:SE04378809

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	**1.33**	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.22**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	**1.11**	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	80.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.52	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.01	g/dL	2.0-3.5	Calculated
A/G RATIO	1.5		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.80	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	24.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.93	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.60	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.37	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	3.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101	mmol/L	101–109	ISE (Indirect)

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	**74.00**	U/L	<55	IFCC

SIN No:SE04378809

Patient Name	: Mr.C SHANTHA MURTHY	Collected	: 24/May/2023 07:56AM
Age/Gender	: 53 Y 7 M 9 D/M	Received	: 24/May/2023 11:02AM
UHID/MR No	: CINR.0000084595	Reported	: 24/May/2023 11:54AM
Visit ID	: CINROPV194794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9900424811		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.35	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.989	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

SIN No:SPL23077139

Patient Name	: Mr.C SHANTHA MURTHY	Collected	: 24/May/2023 07:56AM
Age/Gender	: 53 Y 7 M 9 D/M	Received	: 24/May/2023 11:02AM
UHID/MR No	: CINR.0000084595	Reported	: 24/May/2023 11:47AM
Visit ID	: CINROPV194794	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9900424811		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.470	ng/mL	0-4	CLIA

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

Result/s to Follow:
GLUCOSE (FASTING) - URINE, PERIPHERAL SMEAR, HEMOGRAM, BLOOD GROUP ABO AND RH FACTOR, GLUCOSE (POST PRANDIAL) - URINE, COMPLETE URINE EXAMINATION (CUE), GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)

Dr.Anita Shobha Flynn
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL23077139

Patient Name	: Mr. C Shantha Murthy	**Age/Gender**	: 53 Y/M
UHID/MR No.	: CINR.0000084595	**OP Visit No**	: CINROPV194794
Sample Collected on	:	**Reported on**	: 24-05-2023 12:21
LRN#	: RAD2005376	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9900424811		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.
Right kidney measures 9.6x4.4 cm.
Left kidney measures10.4x5.6 cm.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid is seen.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY