

Patient Name : Mr.DHWARAKESH C P	Collected : 11/Aug/2023 09:11AM
Age/Gender : 23 Y 9 M 30 D/M	Received : 11/Aug/2023 01:02PM
UHID/MR No : CANN.0000225771	Reported : 11/Aug/2023 02:32PM
Visit ID : CANNOPV365547	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE42411	

**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 ,</b> <i>WHOLE BLOOD EDTA</i>	6.1	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) ,</b> <i>WHOLE BLOOD EDTA</i>	128	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:EDT230073938

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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**APOLLO CLINICS NETWORK**

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) Andhra Pradesh: Vizag (Seethamma Peta) Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) Mysore (VV Mohalla) Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) Uttar Pradesh: Ghaziabad (Indrapuram) Gujarat: Ahmedabad (Satellite) Punjab: Amritsar (Court Road) Haryana: Faridabad (Railway Station Road)

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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	<b>219</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>171</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>177</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>142.8</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>34.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>5.21</b>		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:SE04448783

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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.71	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.59	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	68.00	U/L	30-120	IFCC
PROTEIN, TOTAL	8.10	g/dL	6.6-8.3	Biuret
ALBUMIN	4.90	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated

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

CREATININE	<b>0.65</b>	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	20.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.70	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	<b>98</b>	mmol/L	101–109	ISE (Indirect)



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	27.00	U/L	<55	IFCC

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

Result/s to Follow:

GLUCOSE (FASTING) - URINE, THYROID PROFILE TOTAL (T3, T4, TSH), BLOOD GROUP ABO AND RH FACTOR, COMPLETE URINE EXAMINATION (CUE), HEMOGRAM, GLUCOSE, FASTING, PERIPHERAL SMEAR



DR.R.SRIVATSAN  
M.D.(Biochemistry)



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**Age/Gender** : 23 Y/M

**UHID/MR No.** : CANN.0000225771

**OP Visit No** : CANNOPV365547

**Sample Collected on** :

**Reported on** : 11-08-2023 12:55

**LRN#** : RAD2070223

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE42411

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

**\*NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR.P.V.MITHILA**  
**Mbbs Md.Rd**

**Patient Name** : Mr. DHWARAKESH C P

**Age/Gender** : 23 Y/M

**UHID/MR No.** : CANN.0000225771

**OP Visit No** : CANNOPV365547

**Sample Collected on** :

**Reported on** : 11-08-2023 11:34

**LRN#** : RAD2070223

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : bobE42411

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**DEPARTMENT OF RADIOLOGY**

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**ULTRASOUND - WHOLE ABDOMEN**

Liver is increased in size ( liver span ~15.6cm) and shows fatty changes ( Grade -I)  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.Wall thickness appear normal.

Pancreas and spleen appear normal.

Spleen measures 9.1 cms.

Portal and splenic veins appear normal.No evidence of ascites or lymphadenopathy.

Diaphragmatic movements are satisfactory.

There is no evidence of sub diaphragmatic pathology or pleural effusion.

Right kidney measures 9.2 x 4.1cms.

Left kidney measures 9.8 x 5.0 cms.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

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Prostate measures 3.2 x 2.3 x 3.3 cms volume 13 cc and shows normal echopattern.

Seminal vesicles appear normal.

Bladder is normal in contour.

**IMPRESSION:**

**\*GRADE -I FATTY LIVER WITH HEPATOMEGALY**

**DR.ASHIQ MJ MD RD**



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Conducted By: : Dr. RAKESH P GOPAL Conducted Date : 11-08-2023 11:58  
Referred By : SELF

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### **2D-ECHO WITH COLOUR DOPPLER**

#### **Dimensions:**

<b>Ao (ed)</b>	<b>2.7 CM</b>
<b>LA (es)</b>	<b>2.9 CM</b>
<b>RVID( ed)</b>	<b>1.6 CM</b>
<b>LVID (ed)</b>	<b>3.9 CM</b>
<b>LVID (es)</b>	<b>2.6 CM</b>
<b>IVS (Ed)</b>	<b>0.7/1.0 CM</b>
<b>LVPW (Ed)</b>	<b>0.8/1.1 CM</b>
<b>EF</b>	<b>68.00%</b>
<b>%Fs</b>	<b>38.00%</b>
<b>MITRAL VALVE :</b>	<b>NORMAL</b>
<b>AML</b>	<b>NORMAL</b>
<b>PML</b>	<b>NORMAL</b>
<b>AORTIC VALVE</b>	<b>NORMAL</b>
<b>TRICUSPID VALVE</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>

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**INTER ATRIAL SEPTUM INTACT**

**INTER VENTRICULAR SEPTUM INTACT**

**AORTA NORMAL**

**RIGHT ATRIUM NORMAL**

**LEFT ATRIUM NORMAL**

**Pulmonary Valve NORMAL**

**PERICARDIUM NORMAL**

**LEFT VENTRICLE:**

**NO REGIONAL WALL MOTION ABNORMALITY**

**NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION**

**COLOUR AND DOPPLER STUDIES**

**E/A-E: 0.9m/sec A: 0.5m/sec**

**VELOCITY ACROSS THE PULMONIC VALVE 0.7m/sec**

**VELOCITY ACROSS THE AV 1.0m/sec**

**TR VELOCITY 0.8m/sec**

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### **IMPRESSION**

**NORMAL CHAMBER DIMENSION**  
**NO REGIONAL WALL MOTION ABNORMALITY**  
**NORMAL LV SYSTOLIC FUNCTION ( EF 68 %)**  
**STRUCTURALLY VALVES ARE NORMAL**  
**TRIVIAL MITRAL REGURGITATION**  
**TRIVIAL TRICUSPID REGURGITATION**  
**NO PAH / CLOT / PE**

*Rakesh Gopal*

Dr. RAKESH P  
GOPAL

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