

Patient Name : Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

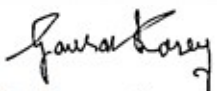
Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	52.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	100.8	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,230	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1960.61	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	817.19	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	310.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC Decrease DLC is within normal limits

PLATELETS:-Adequate

Page 1 of 13



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:BED240079804



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CIN - U85100TG2009PTC099414

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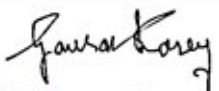
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IMPRESSION : Normocytic Normochromic Blood Picture with leucopenia .



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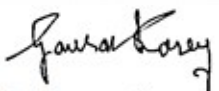
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



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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
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

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:

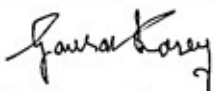
- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	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.



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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	210	mg/dl	0-200	CHOD
TRIGLYCERIDES	109	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	66	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.46	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.78	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

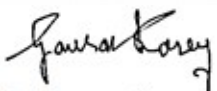
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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

Page 5 of 13



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cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

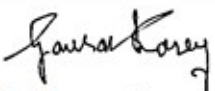
5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Page 6 of 13



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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	1.13	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.34	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	75.68	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.5	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	78.64	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

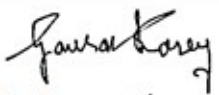
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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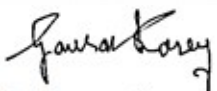
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.80	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.85	mg/dL	3.5-7.2	Uricase
CALCIUM	10.00	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated



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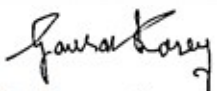
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	89.21	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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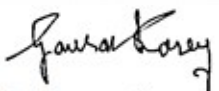
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.27	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.570	µIU/mL	0.25-5.0	ELFA

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



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Consultant Pathologist

SIN No:SPL24053545



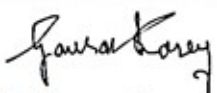
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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.140	ng/mL	0-4	ELFA



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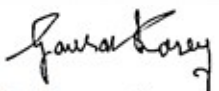
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		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	NEGATIVE		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:UR2314154



Visit us: www.apollocradle.com * Write to us: contactus@apollocradle.com

Patient Name : Mr.HARPREET SINGH
 Age/Gender : 42 Y 9 M 28 D/M
 UHID/MR No : RAMR.0000039958
 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
 Received : 23/Mar/2024 12:31PM
 Reported : 23/Mar/2024 03:40PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

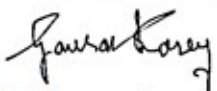
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
 PERIPHERAL SMEAR



Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:UF011349



PATIENT INFORMATION		REFERRED BY	SPECIMEN INFORMATION	
MR. HARPREET SINGH		SELF	SAMPLE TYPE	: Whole Blood - EDTA
AGE	: 42Y 0M 0D	APOLLO HEALTH AND LIFESTYLE LIMITED	LAB ORDER NO	: VMCT24023739
GENDER	: Male	LAB MR# : AMCT00086732	COLLECTED ON	: 23/Mar/2024 16:05
PRIORITY	: Routine		RECEIVED ON	: 23/Mar/2024 16:42
OP / IP / DG #	:		REPORT STATUS	: Final Report
			APPROVED ON	: 23/Mar/2024 17:26

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
-------------------------	--------	------	-------	-------------------------------

BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

Glycated Hemoglobin, HbA1c (TINIA)	5.00		%	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	96.8		mg/dL	

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

Patient Name:	MR.HARPREET SINGH 42YM	MR No:	RAMR.0000039958
Age:	42 Years	Location:	APOLLO CRADLE HOSPITAL AMRITSAR,PUNJAB
Gender:	M	Physician:	
Image Count:	1	Date of Exam:	23-Mar-2024
Arrival Time:	23-Mar-2024 10:18	Date of Report:	23-Mar-2024 10:50

X-RAY CHEST PA VIEW

FINDINGS

Normal heart and mediastinum.

There is no focal pulmonary mass lesion is seen.

No collapse or consolidation is evident.

The apices, costo and cardiophrenic angles are free.

No hilar or mediastinal lymphadenopathy is demonstrated.

There is no pleural or pericardial effusion.

No destructive osseous pathology is evident.

IMPRESSION: No significant abnormality is seen.



Dr.Santhosh Kumar DMRD,DNB
Consultant Radiologist
Reg.No: 59248

CONFIDENTIALITY:

This transmission is confidential. If you are not the intended recipient, please notify us immediately. Any disclosure, distribution or other action based on the contents of this report may be unlawful.

PLEASE NOTE:

This radiological report is the professional opinion of the reporting radiologist based on the interpretation of the images and information provided at the time of reporting. It is meant to be used in correlation with other relevant clinical findings.

Opp. Railway Station, Railway Link Road, Naushera House, Court Road, Amritsar 143001, Ph. 0183-2840400
E-mail : info.amritsar@apollohl.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN-U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India



Date : 12-03-2024

Department : GENERAL

MR NO : RAMR.0000039958

Doctor :

Name : Mr. HARPREET SINGH

Registration No :

Age/ Gender : 42 Y / Male

Qualification :

ENT

Consultation Timing: 09:49

Nose
Ear
Throat } Normal

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HIGH PROTEIN DIET

Name :

Age :Height :Diagnosis :

MEAL PATTERN

EARLY MORNING	Tea / Milk 1 Cup Biscuits / Rusk - 2
BREAKFAST	Double toned Milk - 1 Glass Brown Bread 2 Slices (60 gms) / Shredded Chicken Sandwich Porridge / Cornflakes / Suji Upma / Wheat Flakes / Stuffed Chapatti / Poha - 1 Bowl / Paneer 60 gm / Egg White 1
MID MORNING	Fruits 100-120 gms (1-2 Fruits) Apple / Papaya / Muskmelon / Watermelon / Guava / Mausambi / Orange / Pear OR Thin Lassi - 1 Glass (no sugar) OR Sprouts
LUNCH	Salad - A nig helping Chapati 2-3 Pulse / Dal - 1 Katori / Egg Curry - Bowl Green Veg - 1 Katori Curd / Raita - 1 Katori
MID EVENING	Tea - 1 Cup Biscuits OR Roasted Channa - a handful Sprouts - 30 gms / Prouted Pulse Chilla-2
DINNER	Soup (Vegetable / Dal / Kala Channa / Chicken) Salad A big helping Pulse / Dal 1 Katori Veg - 1 Katori

FOODS GOOD FOR HEALTH

- ▶ Toned Milk & its products / Soya Milk
- ▶ Coconut Water, Lemon Water, Lassi, Butter Milk
- ▶ Green Vegetables
- ▶ Pulses (without oil)
- ▶ Fruits - Apple / Pear / Orange / Mausambi / Guava
- ▶ Jamun / Amla / Phalsa
- ▶ Sprouts, Roasted Channa
- ▶ Poha, Dalia, Khichdi, Idli
- ▶ Clear Soup (Veg / Dal / Kala Channa)
- ▶ Nutri, Nutrella
- ▶ Soya Paneer
- ▶ Almonds (4-5) Walnuts (4-5)
- ▶ Besan ka Chilla (on non stick pan)
- ▶ Oil - Mustard Oil / Ricela Oil / Soya bean Oil / Olive Oil / Sundrop
- ▶ Kala Channa / Kala Channa Soup
- ▶ Eggs
- ▶ Green Chutney
- ▶ Chicken & fish can be taken occasionally but should be in roasted, baked, boiled or steamed form

FOODS TO BE RESTRICTED

- ▶ Fried food like poories, paranthas, pakora cutlets etc
- ▶ Desi Ghee, Butter, Cream, Dalda
- ▶ Packed Soups & Soup with Cornflour
- ▶ Oil Based Pickles
- ▶ Bakery Products
- ▶ Aerated drinks
- ▶ Cakes, Pastries, Puddings, Ice Creams
- ▶ Vanaspati Preparations
- ▶ Fried Papad, Namekeens

Sr. Nutritionist

OUR NETWORK: AMRITSAR | BANGALORE | CHENNAI | GURGAON | HYDERABAD | NEW DELHI

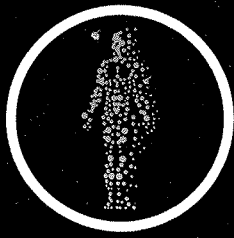
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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN - U85100TG2009PTC099414

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad - 500 016, Telangana



New Asia Diagnostics

(Sister Concern Asia Imaging Centre)

Mark of Excellence



Dr. Jaipal Singh
MBBS, Sonologist
(Consultant incharge)

Dr. Priti N. Singh
MBBS, DNB
(Radiodiagnosis)

Dr. Amit Saini
MBBS, DNB
(Radiodiagnosis)

Dr. Tejinder Pal Singh
MBBS, PGDCC,
(Cardiology)

Dr. Shankhini Gambhir
MBBS, MD
(Pathology)

6, ALBERT ROAD, NEAR CIRCUIT HOUSE, AMRITSAR-143001

newasiadiagnostics.com

0183-2403403, 5050430

Patient Name : HARPREET SINGH

Age : 42Y

Consultant : APOLLO SPECIALITY HOSPITAL

Sex : Male

Date : 23-March-2024

2D ECHO

INDICATION : CVS EVALUATION

WINDOW : FAIR

DIMENSIONS

AORTIC ROOT

Aortic Annulus	:	2.2 cm.
Sinuses of Valsalva	:	3.3 cm.
ST Junction	:	2.7 cm.
Prox. Asc. Aorta	:	3.0 cm.

LV

RV

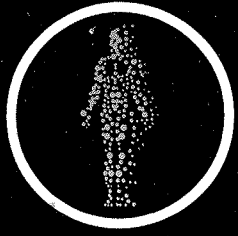
	Range
IDd	: 3.8 cms. (4.1-5.8cms)
IDs	: 2.7 cms.
IVSd	: 1.0 cms. (0.6-1.0cms)
IVSs	: 1.3 cms.
PWd	: 1.0 cms. (0.6-1.0cms)
PWs	: 1.4 cms.
LA	: 15 sq.cms. (~20 sq.cms)

TAM	:	2.0 cms.
RIMP	:	0.49
RVs'	:	12 cm/s.
RVFAC	:	37%
Basal Dia.	:	3.2 cms.
Mid Dia.	:	2.8 cms.
RA	:	12 sq.cms.

IMAGING:

NORMAL LV WALL MOTION.

NORMAL RV WALL MOTION.



New Asia Diagnostics

(Sister Concern Asia Imaging Centre)

Mark of Excellence



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MBBS, Sonologist
(Consultant Incharge)

Dr. Priti N. Singh
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(Pathology)

6, ALBERT ROAD, NEAR CIRCUIT HOUSE, AMRITSAR-143001

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0183-2403403, 5050430

DOPPLER STUDIES

MITRAL VALVE

E Vel. : 61 cm/s.

A Vel. : 75 cm/s.

AORTIC VALVE

Vmax. : 128 cm/s.

Peak PG : 6.6 mmHg.

TRICUSPID VALVE

TR Vmax. : 184 cm/s.

Mean PAP : Normal.

IVC : Normal.

PULMONARY VALVE

Vmax. : 79 cm/s.

FINAL IMPRESSION:

TACHYCARDIA NOTED

NO RWMA

NORMAL LV SYSTOLIC FUNCTION (EF ~ 55-60%)

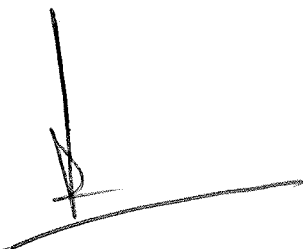
NORMAL CHAMBERS & VALVES

NORMAL RV SYSTOLIC FUNCTION

NO I/C MASS

NO PERICARDIAL EFFUSION.

-----Any overwriting/alterations would render this document invalid-----


Dr. Tejinder Pal Singh
MBBS, PGDCC (Cardiology)
Non-Invasive Cardiologist
Regd No. 36298 (PMC)



Date : 23-03-2024

MR NO : RAMR.0000039958

Department : GENERAL

Doctor :

Name : Mr. HARPREET SINGH

Registration No :

Age/ Gender : 42 Y / Male

Qualification :

Consultation Timing: 09:49

Advised
avoid oil & Junk food

fit for Job.

Dr. Trabhat

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APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN-U85100TG2009PTC099414

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Date : 23.03.2024

MR NO : RAMR.0000039958

Department : GENERAL

Doctor :

Name : Mr. HARPREET SINGH

Registration No : *Dated*

Age/ Gender : 42 Y / Male

Qualification : *Dated*

Consultation Timing: 09:49

oral Dental Health

D

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Date : 23/03/2024
MR NO : RAMR.0000039958

Department : GENERAL
Doctor :

Name : Mr. HARPREET SINGH
Age/ Gender : 42 Y / Male

Registration No :
Qualification : 

Consultation Timing: 09:49

2A 616
616

NS
NS

colour vision normal



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E-mail : info.amritsar@apollohl.com

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

CIN-U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India

Original OP Credit Bill

Name : Mr. HARPREET SINGH
Age/Gender : 42 Y M
Contact No : +918360359754
Address : VILL FAJJUPUR GSP
UHID : RAMR.0000039958

Bill No : RAMR-OCR-5389
Bill/Reg Date : 23.03.2024 09:50
Referral Doctor : SELF
Center : Cradle Amritsar
Emp No/Auth Code : 8360359754221



Corporate Name : ARCOFEMI HEALTHCARE LIMITED
Plan : ARCOFEMI MEDIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT

#	Department	Service Name	Qty	Rate	Discount	Amount
1	Package Charges	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324	1	2,300.00	0.00	2,300.00
		BODY MASS INDEX (BMI) RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) GLUCOSE, FASTING ENT CONSULTATION DENTAL CONSULTATION COMPLETE URINE EXAMINATION THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) HbA1c, GLYCATED HEMOGLOBIN LIPID PROFILE GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) BLOOD GROUP ABO AND RH FACTOR ECG URINE GLUCOSE(POST PRANDIAL) DIET CONSULTATION GAMMA GLUTAMYL TRANSFERASE (GGT) PERIPHERAL SMEAR ULTRASOUND - WHOLE ABDOMEN LIVER FUNCTION TEST (LFT) PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) 2 D ECHO HEMOGRAM + PERIPHERAL SMEAR X-RAY CHEST PA OPHTHAL BY GENERAL PHYSICIAN URINE GLUCOSE(FASTING) FITNESS BY GENERAL PHYSICIAN				

Wt -> 79.5kg
Ht -> 176cm
B.P -> 124/90
Pulse -> 88b/min

Bill Amount: 2,300.00
Total Discount: 0.00
Net Payment: 0.00
Corporate Due: 2,300.00

Received with thanks: Zero Rupees only

Authorized Signature
(Harmanjit Singh)

Name : Mr. Harpreet Singh
Date : 23/03/2024
Referred By : Self

Age/Sex: 42Y/ M
UHID: RAMR.0000039958

USG WHOLE ABDOMEN

OBSERVATIONS

LIVER is normal in size (15.3 cm), outline and echotexture and shows grade – I fatty changes. No focal lesion is seen. IHBRs are not dilated. Hepatic Veins are normal. PV is normal.

GALL BLADDER is distended. No calculus seen. Wall thickness is normal. No pericholecystic fluid seen. CBD is normal.

PANCREAS Head and proximal body are normal in size, outline and echotexture. Tail is obscured. MPD is not dilated.

SPLEEN is normal in size (10.3 cm), outline and echotexture. No focal lesion is seen.

BOTH KIDNEYS are normal in size and outline. Right kidney measures 10.2x5.2cm. Left kidney measures 10.0x5.4cm. Cortical thickness and echogenicity are normal. CMD is maintained. No e/o calculus / hydronephrosis are seen.

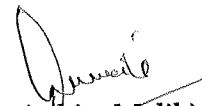
URINARY BLADDER appears distended. Wall thickness is normal. Lumen is echo free.

PROSTATE is grossly normal in size.

No free fluid is seen in the pelvis.

IMPRESSION:- Grade – I fatty Liver.

Please correlate clinically.



(Dr. Arkita Malik)
Consultant, Department of
Radiology & Fetal Medicine

Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHD/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

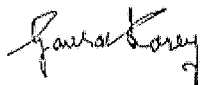
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	52.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	100.8	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,230	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1960.61	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	817.19	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	310.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC Decrease DLC is within normal limits

PLATELETS:-Adequate



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:BED240079804

Page 1 of 13





TOUCH YOUR LIFE

: Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Expertise. Empowering you.

DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic Normochromic Blood Picture with leucopenia .

Page 2 of 13



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:BED240079804

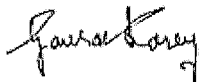
Name : Mr.HARPREET SINGH
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 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
 Received : 23/Mar/2024 10:42AM
 Reported : 23/Mar/2024 02:49PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


 Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:BED240079804



: Mr.HARPREET SINGH
 Age/Gender : 42 Y 9 M 28 D/M
 UHID/MR No : RAMR.0000039958
 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 01:30PM
 Received : 23/Mar/2024 02:30PM
 Reported : 23/Mar/2024 03:20PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	GOD - POD

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:

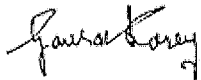
- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	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.

Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:PLP1436480

Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	210	mg/dl	0-200	CHOD
TRIGLYCERIDES	109	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	66	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.46	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.78	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

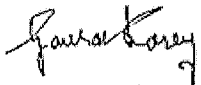
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 - 0.20	>0.21	

Note:

- 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

Page 5 of 13



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:SE04672929



Mr.HARPREET SINGH
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DEPARTMENT OF BIOCHEMISTRY

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

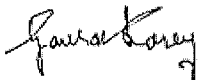
cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

Dr Gaurav Shorey
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SIN No:SE04672929

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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	1.13	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.34	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	75.68	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.5	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	78.64	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

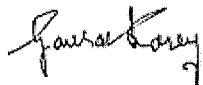
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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.

Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

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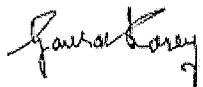
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.80	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.85	mg/dL	3.5-7.2	Uricase
CALCIUM	10.00	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromocresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated

Page 8 of 13

Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:SE04672929

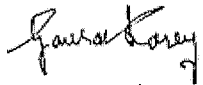
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DEPARTMENT OF BIOCHEMISTRY

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	89.21	U/l	0-55	IFCC

Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:SE04672929

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Visit ID : RAMROPV149854
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Reported : 23/Mar/2024 02:14PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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)	1.3	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.27	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.570	µIU/mL	0.25-5.0	ELFA

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

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
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma



Gaurav Shorey

Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist
SIN No:SPL24053545

: Mr.HARPREET SINGH
 Age/Gender : 42 Y 9 M 28 D/M
 UHID/MR No : RAMR.0000039958
 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
 Received : 23/Mar/2024 10:47AM
 Reported : 23/Mar/2024 03:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	1.140	ng/mL	0-4	ELFA



Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:SPL24053545

Patient Name : Mr.HARPREET SINGH
 Age/Gender : 42 Y 9 M 28 D/M
 UHID/MR No : RAMR.0000039958
 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

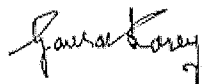
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 Reported : 23/Mar/2024 12:55PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY -

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		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	NEGATIVE		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 12 of 13


 Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:UR2314154



Name : Mr.HARPREET SINGH
 Age/Gender : 42 Y 9 M 28 D/M
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 Visit ID : RAMROPV149854
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
 Received : 23/Mar/2024 12:37PM
 Reported : 23/Mar/2024 03:40PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist
 SIN No:UF011349

PATIENT INFORMATION	REFERRED BY	SPECIMEN INFORMATION
MR. HARPREET SINGH	SELF	SAMPLE TYPE : Whole Blood - EDTA
AGE : 42Y 0M 0D	APOLLO HEALTH AND LIFESTYLE LIMITED	LAB ORDER NO : VMCT24023739
GENDER : Male	LAB MR# : AMCT00086732	COLLECTED ON : 23/Mar/2024 16:05
PRIORITY : Routine		RECEIVED ON : 23/Mar/2024 16:42
OP / IP / DG # :		REPORT STATUS : Final Report
		APPROVED ON : 23/Mar/2024 17:26

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

Glycated Hemoglobin, HbA1c (TINIA)	5.00		%	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	96.8		mg/dL	

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.

Nov Harper
3/20

02.02.2012 0:09:25

Room:

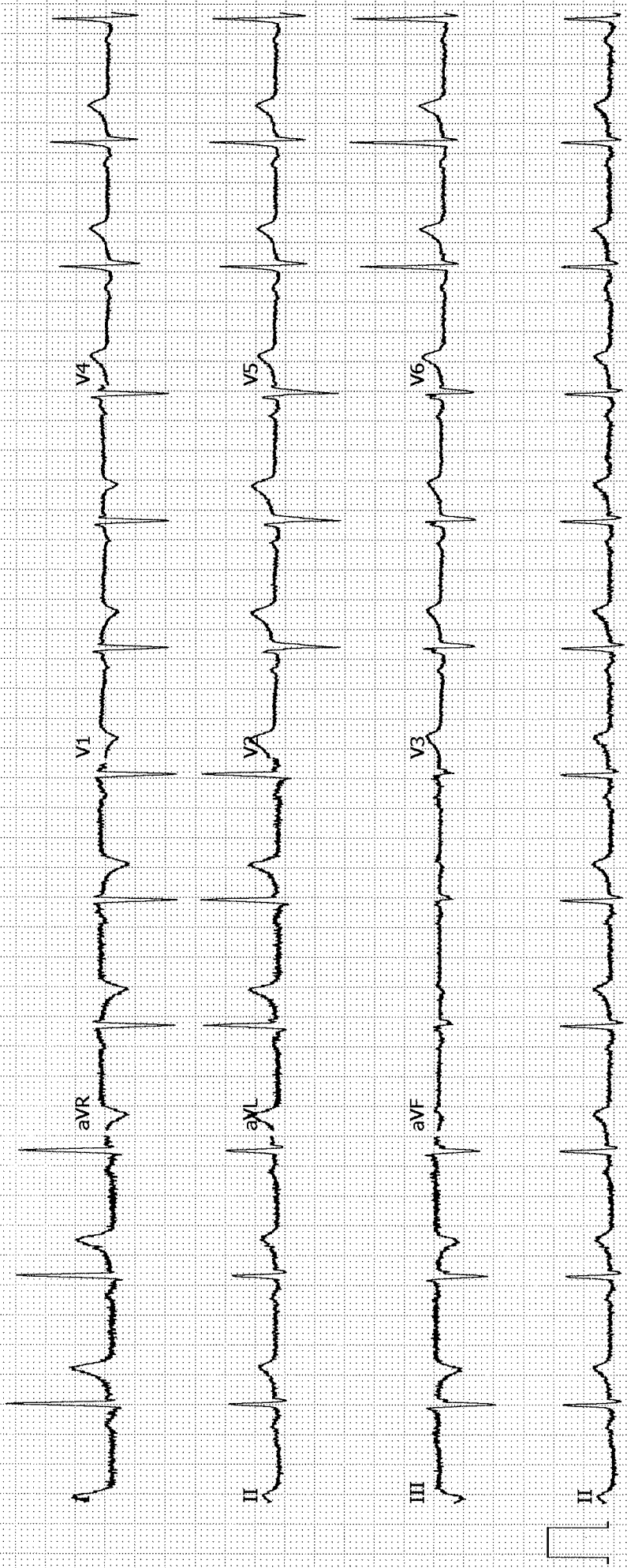
71 bpm
-- / -- mmHg

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTcBaz : 374 / 406 ms
PR : 126 ms
P : 74 ms
RR / PP : 846 / 845 ms
P / QRS / T : 24 / -3 / -4 degrees

Normal sinus rhythm
Moderate voltage criteria for LVH, may be normal variant
ST elevation, consider early repolarization, pericarditis, or injury
Abnormal ECG



02.02.2012 0:10:24

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

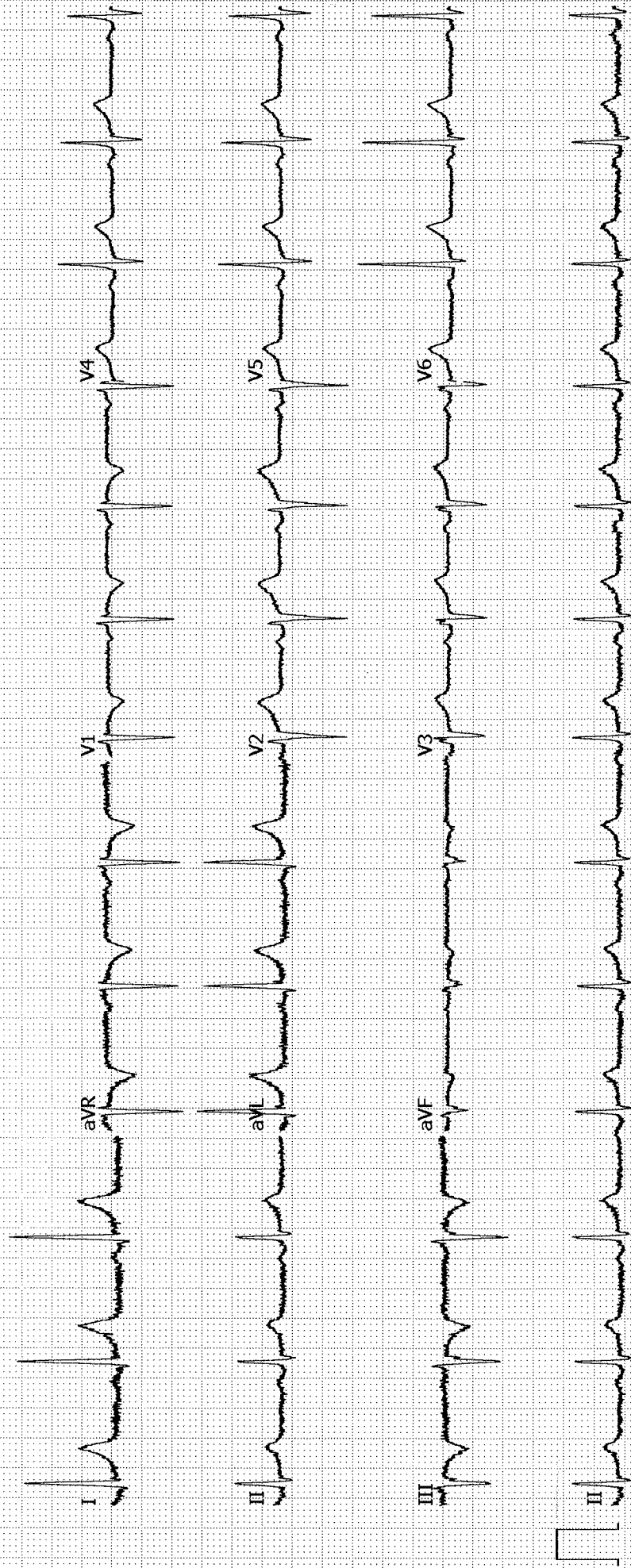
Room:

74 bpm
-- / -- mmHg

Ms. Harbert
Self
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 372 / 412 ms
PR : 136 ms
P : 84 ms
RR / PP : 812 / 810 ms
P / QRS / T : 34 / -4 / -2 degrees

Normal sinus rhythm
Moderate voltage criteria for LVH, may be normal variant
ST elevation, consider early repolarization, pericarditis, or injury
Abnormal ECG




 ਸਰਕਾਰ ਭਾਰਤ
 Government of India



 ਹਰਪੀਤ ਸਿੰਘ
 Harpreet Singh
 ਜਨਮ ਤਿਥੀ/DOB: 26/05/1981
 ਪੁਲਕ/MALE

7458 0436 8892
 VID: 9112 2097 7154 9108

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਹਚਾਨ



Handwritten signature



 ਆਧਾਰ
 ਆਧਾਰ ਭਾਰਤ
 Authority of India

ਪਤਾ:
 S/O: ਇੰਸਪ. ਹਰਭਜਨ ਸਿੰਘ, ਅਬਾਦੀ ਫੌਜਪੁਰ, ਫਤਿਹ ਨੰਗਲ,
 ਗੁਰਦਾਸਪੁਰ,
 ਪੰਜਾਬ - 143519

Address:
 S/O: Insp. Harbhajan Singh, Abadi Fajjipur,
 Fateh Nangal, Gurdaspur,
 Punjab - 143519

7458 0436 8892
 VID: 9112 2097 7154 9108

QR Code with Photograph


 1047

<http://mca.gov.in>

www.uidai.gov.in

Tests included in this Package

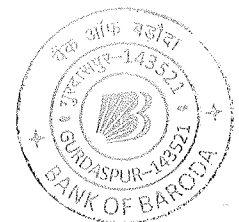
- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific. Antigen (PSA Male)

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Mediwheel Team
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.8	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	52.10	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.17	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	100.8	fL	83-101	Calculated
MCH	32.6	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,230	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	60.7	%	40-80	Electrical Impedance
LYMPHOCYTES	25.3	%	20-40	Electrical Impedance
EOSINOPHILS	3.2	%	1-6	Electrical Impedance
MONOCYTES	9.6	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	1960.61	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	817.19	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	103.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	310.08	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.4		0.78- 3.53	Calculated
PLATELET COUNT	150000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC :- Predominantly are Normocytic Normochromic

WBC :-TLC Decrease DLC is within normal limits

PLATELETS:-Adequate

Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:BED240079804



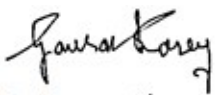
Patient Name : Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 10:47AM
Reported : 23/Mar/2024 02:53PM
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DEPARTMENT OF HAEMATOLOGY

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

IMPRESSION : Normocytic Normochromic Blood Picture with leucopenia .



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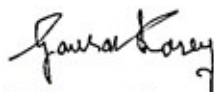


Patient Name	: Mr.HARPREET SINGH	Collected	: 23/Mar/2024 09:54AM
Age/Gender	: 42 Y 9 M 28 D/M	Received	: 23/Mar/2024 10:47AM
UHID/MR No	: RAMR.0000039958	Reported	: 23/Mar/2024 02:49PM
Visit ID	: RAMROPV149854	Status	: Final Report
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Emp/Auth/TPA ID	: 8360359754221		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination


 Dr Gaurav Shorey
 MBBS, MD(Pathology)
 Consultant Pathologist

SIN No:BED240079804



Patient Name : Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
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Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 01:30PM
Received : 23/Mar/2024 02:30PM
Reported : 23/Mar/2024 03:20PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	GOD - POD

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:

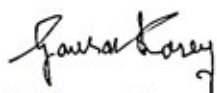
1. The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
2. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	131	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.



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SIN No:PLP1436480



Patient Name : Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
Visit ID : RAMROPV149854
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Emp/Auth/TPA ID : 8360359754221

Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 10:47AM
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	210	mg/dl	0-200	CHOD
TRIGLYCERIDES	109	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	66	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	143	mg/dL	<130	Calculated
LDL CHOLESTEROL	121.46	mg/dL	<100	Calculated
VLDL CHOLESTEROL	21.78	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.16		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

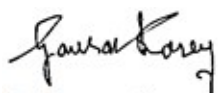
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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

Page 5 of 13



Dr Gaurav Shorey
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Consultant Pathologist

SIN No:SE04672929



Patient Name : Mr.HARPREET SINGH
Age/Gender : 42 Y 9 M 28 D/M
UHID/MR No : RAMR.0000039958
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DEPARTMENT OF BIOCHEMISTRY

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

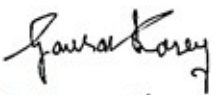
cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

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 400 mg/dl. When

Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.

7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP ($\log(TG/HDL)$ & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



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Patient Name	: Mr.HARPREET SINGH	Collected	: 23/Mar/2024 09:54AM
Age/Gender	: 42 Y 9 M 28 DM	Received	: 23/Mar/2024 10:47AM
UHID/MR No	: RAMR.0000039958	Reported	: 23/Mar/2024 02:14PM
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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	1.13	mg/dl	0-1.2	NBD
BILIRUBIN CONJUGATED (DIRECT)	0.34	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.79	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	75.68	U/l	0-45	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	45.5	U/l	0-35	IFCC
ALKALINE PHOSPHATASE	78.64	U/l	53-128	IFCC (AMP buffer)
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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:

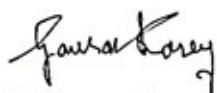
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- 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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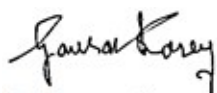


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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.84	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.80	mg/dl	13-43	Urease, UV
BLOOD UREA NITROGEN	10.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.85	mg/dL	3.5-7.2	Uricase
CALCIUM	10.00	mg/dl	8.6-10.3	Arsenazo III
PHOSPHORUS, INORGANIC	3.18	mg/dl	2.7-4.5	Molybdate
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	5.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98-107	Direct ISE
PROTEIN, TOTAL	8.16	g/dl	6.4-8.3	Biuret
ALBUMIN	4.50	g/dl	3.5-5.2	Bromcresol Green
GLOBULIN	3.66	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		0.9-2.0	Calculated



Dr Gaurav Shorey
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SIN No:SE04672929



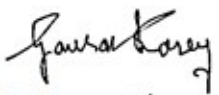
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSEPTIDASE (GGT) , SERUM	89.21	U/l	0-55	IFCC



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DEPARTMENT OF IMMUNOLOGY

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

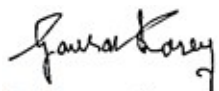
Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.3	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.27	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	2.570	µIU/mL	0.25-5.0	ELFA

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



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SIN No:SPL24053545



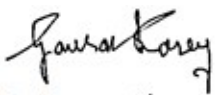
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Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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	1.140	ng/mL	0-4	ELFA



Dr Gaurav Shorey
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SIN No:SPL24053545



Patient Name : Mr.HARPREET SINGH
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Visit ID : RAMROPV149854
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Collected : 23/Mar/2024 09:54AM
Received : 23/Mar/2024 12:34PM
Reported : 23/Mar/2024 12:55PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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	1.020		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	NEGATIVE		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Dr Gaurav Shorey
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SIN No:UR2314154



Patient Name	: Mr.HARPREET SINGH	Collected	: 23/Mar/2024 09:54AM
Age/Gender	: 42 Y 9 M 28 D/M	Received	: 23/Mar/2024 12:31PM
UHID/MR No	: RAMR.0000039958	Reported	: 23/Mar/2024 03:40PM
Visit ID	: RAMROPV149854	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

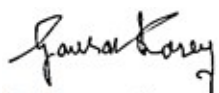
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr Gaurav Shorey
MBBS, MD(Pathology)
Consultant Pathologist

SIN No:UF011349



PATIENT INFORMATION		REFERRED BY	SPECIMEN INFORMATION	
MR. HARPREET SINGH		SELF	SAMPLE TYPE	: Whole Blood - EDTA
AGE	: 42Y 0M 0D	APOLLO HEALTH AND LIFESTYLE LIMITED	LAB ORDER NO	: VMCT24023739
GENDER	: Male	LAB MR# : AMCT00086732	COLLECTED ON	: 23/Mar/2024 16:05
PRIORITY	: Routine		RECEIVED ON	: 23/Mar/2024 16:42
OP / IP / DG #	:		REPORT STATUS	: Final Report
			APPROVED ON	: 23/Mar/2024 17:26

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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BIOCHEMISTRY

HbA1c - Glycated Hemoglobin

Glycated Hemoglobin, HbA1c (TINIA)	5.00		%	Non diabetic range: 4.8-5.6% Prediabetic range: 5.7-6.4% Diabetes range: >=6.5%
Estimated Average Glucose	96.8		mg/dL	

Interpretation:

Note: HbA1c results may vary in situations of abnormal red cell turnover, such as pregnancy, recent blood loss or transfusion, or some anemias. In such cases only blood glucose criteria should be used to diagnose diabetes (ADA, 2014). Please correlate clinically.

----- End Of Report -----

Avneet Boparai

Dr. Avneet Boparai
Consultant-Pathologist

Disclaimer:

- All results released pertain to the specimen as received by the lab for testing and under the assumption that the patient indicated or identified on the bill/test requisition form is the owner of the specimen.
- Clinical details and consent forms, especially in Genetic testing, histopathology, as well as wherever applicable, are mandatory to be accompanied with the test requisition form. The non-availability of such information may lead to delay in reporting as well as misinterpretation of test results. The lab will not be responsible for any such delays or misinterpretations thereof.
- Test results are dependent on the quality of the sample received by the lab. In case the samples are preprocessed elsewhere (e.g., paraffin blocks), results may be compromised.
- Tests are performed as per the schedule given in the test listing and in any unforeseen circumstances, report delivery may be affected.
- Test results may show inter-laboratory as well as intra-laboratory variations as per the acceptable norms.
- Genetic reports as well as reports of other tests should be correlated with clinical details and other available test reports by a qualified medical practitioner. Genetic counselling is advised in genetic test reports by a qualified genetic counsellor, medical practitioner or both.
- Samples will be discarded post processing after a specified period as per the laboratory's retention policy. Kindly get in touch with the lab for more information.
- If accidental damage, loss, or destruction of the specimen is not attributable to any direct or negligent act or omission on the part of Ampath Labs or its employees, Ampath shall in no event be liable. Ampath lab's liability for a lack of services, or other mistakes and omissions, shall be restricted to the amount of the patient's payment for the pertinent laboratory services.