

Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJA1.0000069394	Reported	: 28/Sep/2024 01:02PM
Visit ID	: SJA1OPV55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBC - Predominantly normocytic normochromic. NRBC are not seen.

WBC - Total count is adequate with normal distribution. Toxic granules are not seen.

Platelets - Adequate in number & normal on morphology.

Parasite - Not seen.




Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240233128



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DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	39.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,390	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2748.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1994.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	269.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	377.3	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

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Platelets - Adequate in number & normal on morphology.


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

Parasite - Not seen.



Khushbu Jain
Dr. Khushbu Jain
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DEPARTMENT OF HAEMATOLOGY

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

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



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Consultant Pathologist

SIN No:BED240233128



Patient Name : Mr.HARI NARAYAN MEENA	Collected : 28/Sep/2024 10:59AM
Age/Gender : 35 Y 2 M 15 D/M	Received : 28/Sep/2024 11:23AM
UHID/MR No : SJA1.0000069394	Reported : 28/Sep/2024 12:43PM
Visit ID : SJA1OPV55788	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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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Consultant Pathologist

SIN No:PLP1486362



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UHID/MR No : SJA1.0000069394	Reported : 29/Sep/2024 01:13PM
Visit ID : SJA1OPV55788	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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

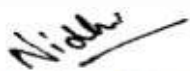
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr Nidhi Sachdev
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SIN No:EDT240091815



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	91	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated

Kindly correlate clinically.

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.

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SIN No:SE04830311



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38.6	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.4	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	78.03	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.45	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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. 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's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.


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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.44	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.28	mg/dL	3.5-7.2	Uricase
CALCIUM	9.45	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.13	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.45	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated
Kindly correlate clinically.				

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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.33	U/L	15-73	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	9.317	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	1.789	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

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

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SIN No:SPL24141688

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DEPARTMENT OF IMMUNOLOGY

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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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DEPARTMENT OF CLINICAL PATHOLOGY

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Khushbu Jain
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:UR2414347

DATE: 28-SEP-24

NAME: HARI NARAYAN MEENA

35Y/M

REF. BY: APOLLO SPECTRA HOSPITAL.

X-RAY CHEST PA VIEW:

- Lung fields appear radiologically clear.
- Hilar shadows appear normal.
- Both C.P. angles are clear.
- Cardio-thoracic ratio is within normal limits.
- Both domes of diaphragms appear normal.
- Bony thoracic cage and soft tissue appear normal.

IMPRESSION:

- Normal study of chest X-ray.



Dr. N.M. Kumawat
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 17614)

Dr. Vaishali Singh
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 27095)

Dr. Sumita Choudhary
DNB (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 22866)

Dr. Ravi Kasniya
MD (Radiodiagnosis)
Consultant radiologist
(RMC reg. No. - 24691)

Dr. Mitesh Gupta(Khandelwal)
MD (Radiodiagnosis)
Consultant Radiologist
(RMC Reg. No. - 41952)

There is only a professional opinion and should be correlated clinically. Not valid for medico-legal purpose. Typographical errors should be notified within 7 days.

DIAGNOSIS IS Must For Cure, We Are Committed To Make It Sure

Ground Floor, Akshat Retreat, Opp. Gate No.1 of SMS Hospital, Tonk Road, Jaipur
Ph.: 0141-2369763/64, 4021683 • Email: care@suryamdiagnostic.in • Website: www.suryamdiagnostic.in

THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSE • ALL JUDICIARY MATTERS ARE SUBJECTED TO JAIPUR JUDICIARY ONLY.

Male
Req. No. :
Years

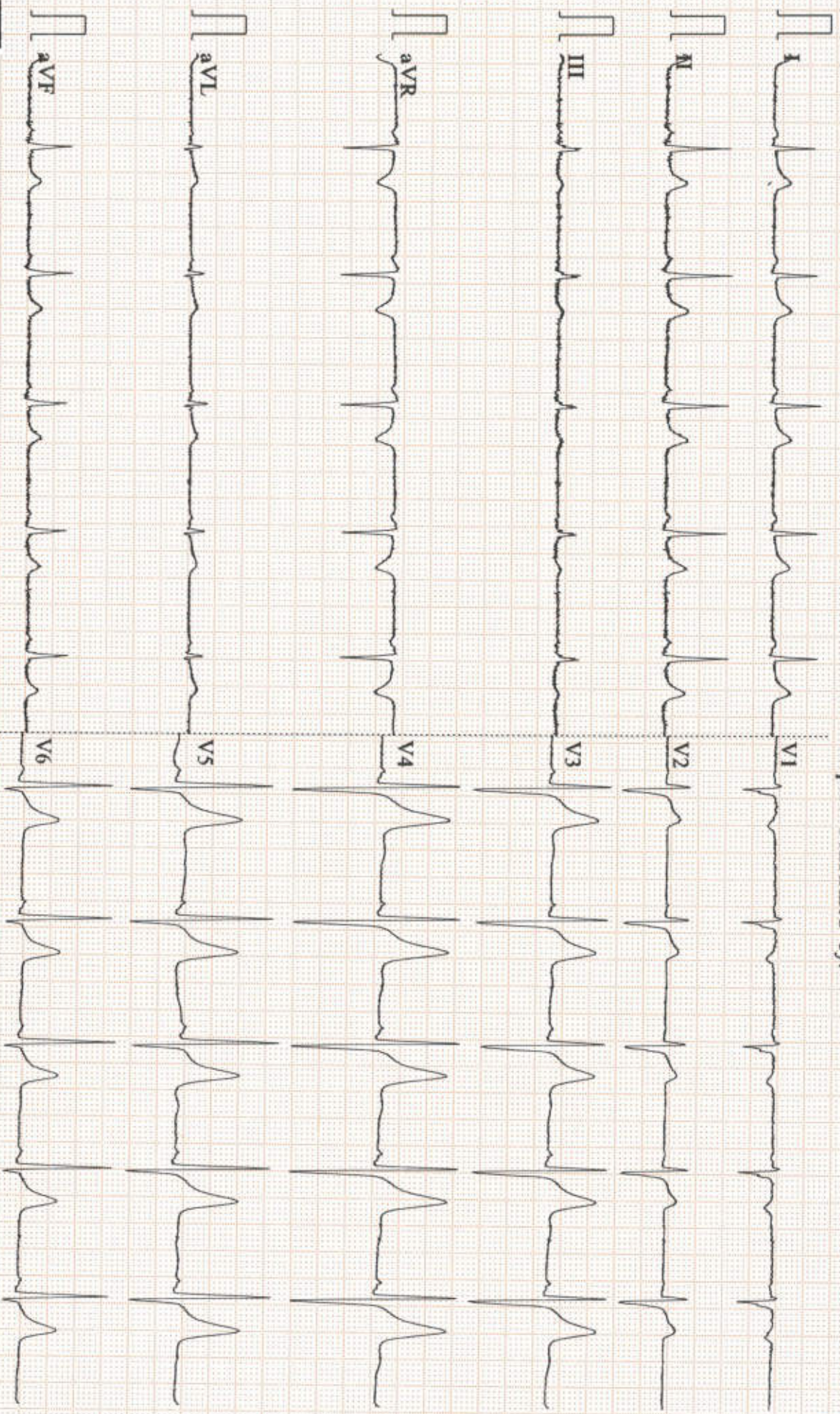
ID: 005303
27-09-2024 20:31:09
HR : 63 bpm
P : 91 ms
PR : 121 ms
QRS : 84 ms

QT/QTcBz : 373/383 ms
P/QRS/T : 2/47/41 °
RV5/SV1 : 1.805/0.601 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Mr. Hari Narayan Meera

Report Confirmed by:



0.67-270Hz AC50 25mm/s 10mm/mV 2*5.0s V2.23 SEMIP V1.92 APOLLO SPECTRA HOSPITAL JAI PUR

Name : Mr. Hari Narayan Meena
Age/Sex : 63/51M
MRN No : 69394

Visit type: HC

BMI Report

B.P.: ~~61~~130/88 mm. Hg
Weight (in KGs): 61 kg
Height (in cm): 160 cm
BMI (Body Mass Index): 24

Pulse: 68 b/m

BMI Categories:

Underweight = <18.5
Normal weight = 18.5-24.9
Overweight = 25-29.9
Obesity = BMI of 30 or greater
(According to WHO Standards)

Waist Measurement (At narrowest point): 32

Hip Measurement (At widest Point): 34

Waist to Hip Ratio:

Chest - Expirations (cms) : 32

Inspirations (cms) : 34

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals

Plot no. 5-6, Vidhayak Nagar, Sahakar Marg,
Near Vidhan Sabha, Lal Kothi, Jaipur- 302005

Phone : 0141- 4959900
www.apollospectra.com

Registered Address

Imperial Towers, 7th Floor,
Opp. to : Ameerpet Metro Station, Ameerpet,
Hyderabad-500038, Telangana (INDIA)

DATE: 28-SEP-24

NAME: HARI NARAYAN MEENA

35Y/M

REF. BY: APOLLO SPECTRA HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:



LIVER: is enlarged in size measures approx. 15.1 cm and shows raised homogenous echotexture. No focal solid or cystic lesion is seen in liver. The hepatic and portal veins are normal in diameter.

GALL BLADDER: is well visualized and is normal wall thickness. There is no evidence of any calculi or biliary sludge in gall bladder. The CBD is normal in course and caliber. Intrahepatic biliary canaliculi are not dilated.

PANCREAS: to the extent visualized is normal. The pancreatic duct is not visualized.

RIGHT KIDNEY:

Right kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

LEFT KIDNEY:

Left kidney is normal in size, shape, location and contour. No cortical scarring seen. The renal parenchymal and renal sinus echoes are normal. No hydronephrosis seen.

SPLEEN: It is normal in size. It appears normal in shape and echotexture. No focal solid/cystic lesion is seen in spleen.

URINARY BLADDER: Is empty.

PROSTATE: prostate is normal in shape, size and contour.

IMPRESSION:

- **Hepatomegaly with grade-I fatty changes.**



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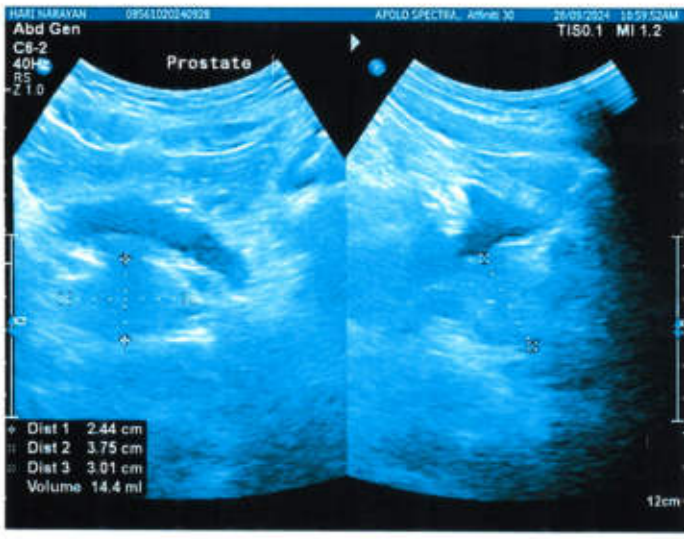
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Plot No.6, Vidhayak Nagar, Sahakar Marg, Near Vidhansabha, Lal Kothi, Jaipur-302015

Ph.: 0141-2369763/64, 4021683 • Email: suryamhelpdesk@gmail.com • Website: www.suryamdiagnostic.in

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Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJAI.0000069394	Reported	: 28/Sep/2024 01:02PM
Visit ID	: SJAIOPV55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC - Predominantly normocytic normochromic. NRBC are not seen.

WBC - Total count is adequate with normal distribution. Toxic granules are not seen.

Platelets - Adequate in number & normal on morphology.

Parasite - Not seen.

Page 1 of 14


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240233128



Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
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Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.6	g/dL	13-17	Spectrophotometer
PCV	39.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.16	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	94.8	fL	83-101	Calculated
MCH	32.7	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	11.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,390	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51	%	40-80	Electrical Impedance
LYMPHOCYTES	37	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2748.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1994.3	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	269.5	Cells/cu.mm	20-500	Calculated
MONOCYTES	377.3	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.38		0.78- 3.53	Calculated
PLATELET COUNT	314000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC - Predominantly normocytic normochromic. NRBC are not seen.

WBC - Total count is adequate with normal distribution. Toxic granules are not seen.

Platelets - Adequate in number & normal on morphology.

Page 2 of 14

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240233128



Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
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DEPARTMENT OF HAEMATOLOGY

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

Parasite - Not seen.

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:BED240233128

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Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJA1.0000069394	Reported	: 28/Sep/2024 01:02PM
Visit ID	: SJA1OPV55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF HAEMATOLOGY

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

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

Page 4 of 14

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:BED240233128

Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 10:59AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 11:23AM
UHID/MR No	: SJAI.0000069394	Reported	: 28/Sep/2024 12:43PM
Visit ID	: SJAIOPV55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	90	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 $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
2. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	111	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.

Page 5 of 14

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:PLP1486362



Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJAI.0000069394	Reported	: 28/Sep/2024 12:42PM
Visit ID	: SJAIOPV55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	196	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	91	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	42	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.27	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.1	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.68		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.03		<0.11	Calculated

Kindly correlate clinically.

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.

Page 6 of 14

Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04830311



Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
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Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.55	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.39	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	38.6	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	30.4	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	78.03	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.45	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex.
 *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

Page 7 of 14

Khushbu Jain
 Dr. Khushbu Jain
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



SIN No:SE04830311

Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
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DEPARTMENT OF BIOCHEMISTRY

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Page 8 of 14



Khushbu Jain
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.77	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	21.44	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.28	mg/dL	3.5-7.2	Uricase
CALCIUM	9.45	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.13	mg/dL	2.5-4.5	PMA Phenol
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.09	g/dL	6.3-8.2	Biuret
ALBUMIN	4.45	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.64	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

Kindly correlate clinically.

Khushbu Jain

Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SE04830311

Page 9 of 14



Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	37.33	U/L	15-73	Glycylglycine Nitoranalide

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Dr. Khushbu Jain
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Consultant Pathologist

SIN No:SE04830311



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	9.317	µg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	1.789	µIU/mL	0.35-4.75	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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

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

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Khushbu Jain
 Dr. Khushbu Jain
 M.B.B.S,MD(Pathology)
 Consultant Pathologist



SIN No:SPL24141688

Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJAI.0000069394	Reported	: 28/Sep/2024 12:42PM
Visit ID	: SJAiopv55788	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 13071989		

DEPARTMENT OF IMMUNOLOGY

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

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma


Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
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SIN No:SPL24141688



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Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJA1.0000069394	Reported	: 28/Sep/2024 12:42PM
Visit ID	: SJA1OPV55788	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 MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
pH	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.015		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Protein Error Of Indicator
GLUCOSE	NEGATIVE		NEGATIVE	Glucose Oxidase
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling Reaction
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium Nitro Prusside
UROBILINOGEN	NORMAL		NORMAL	Modified Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL		0-2 Hyaline Cast	Microscopy
CRYSTALS	ABSENT		ABSENT	Microscopy
OTHERS	NIL			Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist



SIN No:UR2414347

Patient Name	: Mr.HARI NARAYAN MEENA	Collected	: 28/Sep/2024 08:22AM
Age/Gender	: 35 Y 2 M 15 D/M	Received	: 28/Sep/2024 08:38AM
UHID/MR No	: SJAI.0000069394	Reported	: 28/Sep/2024 12:42PM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

Result/s to Follow:
HBAIC (GLYCATED HEMOGLOBIN)

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Khushbu Jain
Dr. Khushbu Jain
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:UR2414347



Patient Name : Mr.HARI NARAYAN MEENA
Age/Gender : 35 Y 2 M 15 D/M
UHID/MR No : SJA1.0000069394
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TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies. Laboratories not be responsible for any interpretation whatsoever. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient. Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received. This report is not valid for medico legal purposes.

Khushbu Jain

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DIET, DENTLE, ENT, EYE, FITNESS