



22657 200724

Name	: MR. KUNAL KOTHARI	Registration ID	: 22657	Sample Collection	: 20/07/2024 07:37:35
Age/Sex	: 42 Yrs. / M	Printed	: 21/07/2024 13:21:31	Sample Received	: 20/07/2024 07:37:35
Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 20/07/2024 15:08:33

**COMPLETE BLOOD COUNT**

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 14.5	g/dL	13-18 g/dL
Total RBC (Electrical Impedance)	: 5.21	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 46.4	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 89.1	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 27.8	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: <b>31.3</b>	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedance)	: 12.80	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 4900	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 55	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 02	%	1-6 %
Lymphocyte Percentage (Calculated)	: 35	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 08	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedance)	: 372000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 05	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.


**Dr. Santosh Khairnar**  
 M.D. (Pathologist)  
 Reg. No.-2000/08/2926




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Ref. By : J M FINANCE  
SERVICES LTD

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Sent By : Arcofemi Healthcare Pvt Ltd

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Sample Received : 20/07/2024 07:37:35  
Report Released : 20/07/2024 15:08:33

(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 15:08:33)

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



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M.D. (Pathologist)  
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Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 20/07/2024 14:19:00

### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 102	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: <b>Present (+)</b>		Absent
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: <b>240</b>	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl
PP Urine Glucose	: <b>Present (++)</b>		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

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### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: <b>8.20</b>	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: <b>188.64</b>	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

**Interpretation:**

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 16:19:50)



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**BLOOD GROUP**

Test	Result	Unit	Biological Ref. Range
Blood Group	: 'AB' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 16:00:42)

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: <b>262</b>	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: <b>291</b>	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 54	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 149.80	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: <b>58.2</b>	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.8		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.9		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.75	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.28	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.47	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 18.3	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 32.5	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 65.0	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 6.8	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.0	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.8	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.43		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i>	: <b>89</b>	U/L	0-55 U/L
<b>NOTE</b>	: Results rechecked and confirmed		

Test Done on - Automated Biochemistry Analyzer (EM 200).  
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Age/Sex : 42 Yrs. / M      Printed : 21/07/2024 13:21:31      Report Released : 20/07/2024 14:21:56  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.76	mg/dl	0.7-1.3 mg/dl

*Serum, Method: Enzymatic*

Test Done on - Automated Biochemistry Analyzer (EM 200).

*\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 14:21:56)***BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 18.60	mg/dl	19-45 mg/dl

*Serum, Method: Urease - GLDH*

Blood Urea Nitrogen : 8.69 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 14:22:01)***SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 7.60	mg/dl	3.5-7.2 mg/dl

*Serum, Method: Uricase - POD*

Test Done on - Automated Biochemistry Analyzer (EM 200).

*(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 14:22:04)*

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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 11.43		5-20

Serum, Method: Calculated

**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

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**SERUM ALKALINE PHOSPHATASE**

Test	Result	Unit	Biological Ref. Range
S. Alkaline Phosphatase	: 65.0	IU/L	53-128 IU/L

Serum, Method: IFCC with AMP buffer

Test Done on - Automated Biochemistry Analyzer (EM 200)

\*All Samples Processed At Excellas Clinics Mulund Centre

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Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 21/07/2024 09:59:50

**THYROID FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
Total T3 <i>Serum, Method: CLIA</i>	: 1.3	ng/dl	0.70-2.04 ng/dl
Total T4 <i>Serum, Method: CLIA</i>	: 10.37	µg/dl	5.1-14.1 µg/dl
TSH (Thyroid Stimulating Hormone) <i>Serum, Method: CLIA</i>	: 2.62	µIU/ml	0.27-5.3 µIU/ml

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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**PROSTATE SPECIFIC ANTIGEN**

Test	Result	Unit	Biological Ref. Range
PSA - TOTAL <i>Serum, Method: CLIA</i>	: 0.88	ng/ml	0- 4 ng/ml

**NOTE :**

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

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### ELECTROLYTE

Test	Result	Unit	Biological Ref. Range
S. Sodium	: 137.5	mEq/L	135-155 mEq/L
S. Potassium	: 4.45	mEq/L	3.5-5.0 mEq/L
S. Chlorides	: 100.3	mEq/L	98-110 mEq/L

**NOTE:** Test done with FULLY AUTOMATED ELECTROLYTE ANALYSER ( SMART LYTE). This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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### SERUM CALCIUM

Test	Result	Unit	Biological Ref. Range
Calcium	: 10.20	mg/dl	8.6-10.2 mg/dl

Serum, Method: Arsenazo

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**VITAMIN D3**

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 31.8	ng/ml	Deficient : Less than or equal to 20, Insufficient : 21 - 29, Sufficient : More than or equal to 30

**Note:**  
 Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults. Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status. Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL). Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food (mostly in fatty fish) . Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body. The active form of the molecule is the 1,25-(OH)<sub>2</sub> vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitamin D (calcidiol) The second hydroxylation occurs in the kidney and other tissues as well to yield biologically active 1,25-(OH)<sub>2</sub> Vitamin D. The 25-(OH) Vitamin D is the main storage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which makes 25 - (OH ) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.  
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**VITAMIN - B12**

Test	Result	Unit	Biological Ref. Range
Vitamin B12	: 211.7	pg/ml	183 - 822 pg/ml

Method: ECLIA  
 Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

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*[Signature]*  
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### EXAMINATION OF URINE

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity	: 30	ml	
Colour	: Pale yellow		
Appearance	: Slightly Hazy		
Reaction (pH)	: 6.0		4.5 - 8.0
Specific Gravity	: 1.015		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein	: Absent		Absent
Glucose	: <b>Present (+)</b>		Absent
Ketones Bodies	: Absent		Absent
Occult Blood	: Absent		Absent
Bilirubin	: Absent		Absent
Urobilinogen	: Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells	: 2 - 3	/ hpf	
Pus cells	: 2 - 3	/ hpf	
Red Blood Cells	: Absent	/ hpf	
Casts	: Absent	/ lpf	Absent / lpf
Crystals	: Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells	: Absent		Absent
Bacteria	: Absent		Absent
Mucus Threads	: Absent		
Spermatozoa	: Absent		
Deposit	: Absent		Absent
Amorphous Deposits	: Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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**USG ABDOMEN & PELVIS - MALE**

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**Liver:-** is normal in size **and shows raised parenchymal echogenicity.** No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

**Gall Bladder:-** is well distended. No calculus or mass lesion is seen.  
No GB wall thickening or pericholecystic fluid is seen.

**CBD :-** is normal.

**Pancreas:-** is normal in size and reflectivity. No focal lesion seen.

**Spleen:-** is normal in size (8.4 cms) and reflectivity. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 9.9 x 4.5 cms

Left kidney – 9.4 x 5.0 cms

**Urinary Bladder:-** is well distended and shows normal wall thickness.  
No intraluminal lesion seen.

**Prostate:-** is normal in size, reflectivity and measures 3.1 x 3.1 x 3.0 cms  
(Volume – 16 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

**IMPRESSION:**

- **Grade I fatty liver.**

*Thanks for the Referral*

*(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 15:07:07)*

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



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





22657 200724

Registration ID : 22657      Sample Collection : 20/07/2024 07:37:35  
Name : MR. KUNAL KOTHARI      Sample Received : 20/07/2024 07:37:35  
Age/Sex : 42 Yrs. / M      Printed : 21/07/2024 13:21:31      Report Released : 20/07/2024 14:28:12  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
SERVICES LTD

---

**OPHTHALMIC EVALUATION**

---

<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 14:28:12)

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



**Dr. Santosh Khairnar**  
M.D. (Pathologist)  
Reg. No.-2000/08/2926





22657 200724

Registration ID : 22657      Sample Collection : 20/07/2024 07:37:35  
Name : MR. KUNAL KOTHARI      Sample Received : 20/07/2024 07:37:35  
Age/Sex : 42 Yrs. / M      Printed : 21/07/2024 13:21:31      Report Released : 20/07/2024 14:27:56  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
SERVICES LTD

**Vitals (Height, Weight, BMI & BP)**

Test	Result	Unit	Biological Ref. Range
Height	: 172.30	cm	
Weight	: 86.20	Kg	
BMI	: 29.04		Underweight = <18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obesity = BMI of 30 or greater
Blood Pressure	: 120/70	mmhg	
Pulse Rate	: 76	beats per minute	

(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 14:27:56)

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



**Dr. Santosh Khairnar**  
M.D. (Pathologist)  
Reg. No.-2000/08/2926







22657 200724

Name : MR. KUNAL KOTHARI  
Age/Sex : 42 Yrs. / M  
Ref. By : J M FINANCE  
SERVICES LTD

Registration ID : 22657  
Printed : 21/07/2024 13:21:31  
Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 20/07/2024 07:37:35  
Sample Received : 20/07/2024 07:37:35  
Report Released : 20/07/2024 15:25:31

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**X RAY CHEST PA VIEW**

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Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





22657 200724

Name : MR. KUNAL KOTHARI  
Age/Sex : 42 Yrs. / M  
Ref. By : J M FINANCE SERVICES LTD

Registration ID : 22657  
Printed : 21/07/2024 13:21:31  
Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 20/07/2024 07:37:35  
Sample Received : 20/07/2024 07:37:35  
Report Released : 20/07/2024 15:25:31



(Collected At: 20/07/2024 07:37:35, Received At: 20/07/2024 07:37:35, Reported At: 20/07/2024 15:25:31)

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



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296



# EXCELLAS CLINIC PVT LTD

B1, Vikas Paradise, Below Axis Bank, Near Santoshi Mata Mandir, LBS Road Mulund

Patient: MR KUNAL KOTHARI

Age : 42 Yrs

Gender : Male

Refd. By:

Height : 172 Cms

Smoker : No

Pred. Eqns: RECORDERS

Weight : 86 Kgs

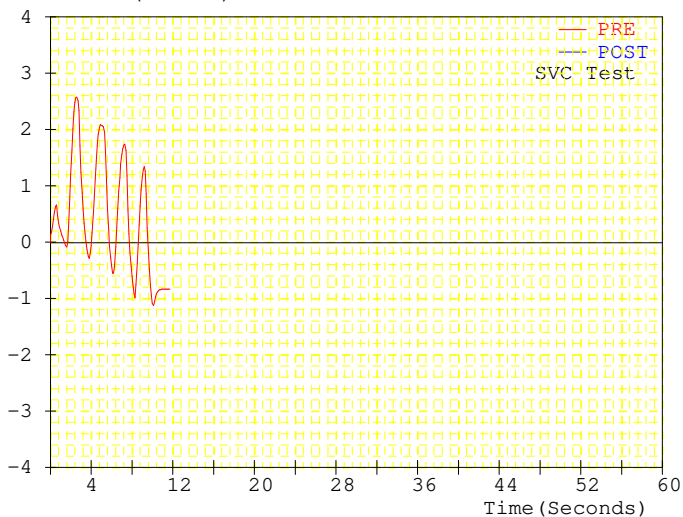
Eth. Corr: 100

Date : 20-Jul-2024 09:16 AM

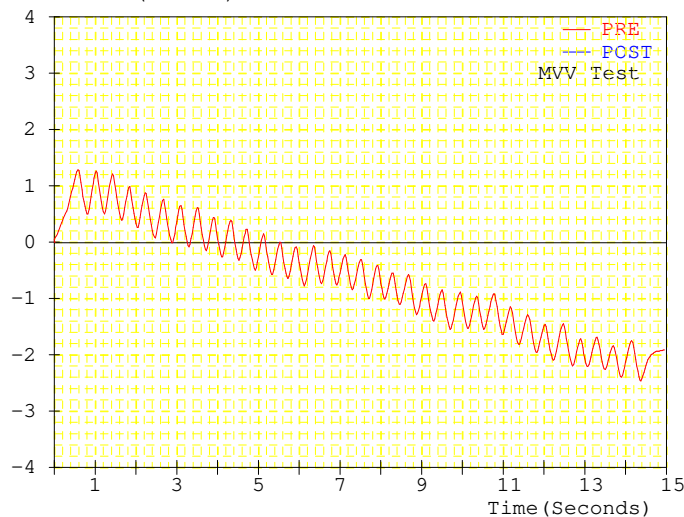
ID : 20072402

Temp :

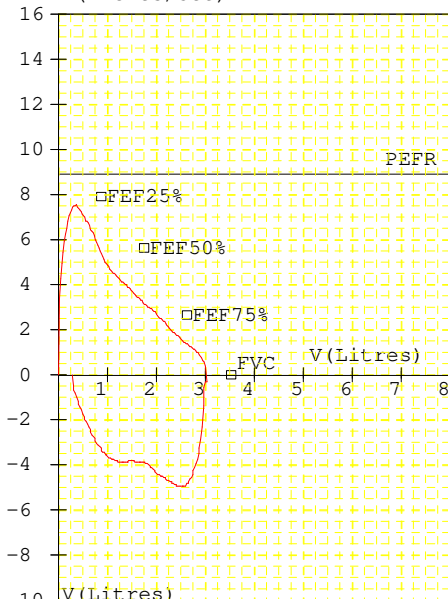
Volume (Litres)



Volume (Litres)



F (Litres/Sec)



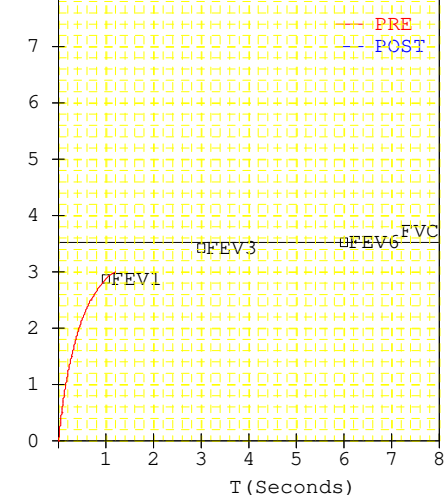
Spirometry Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.52	03.01	086	---	---	---
FEV1 (L)	02.87	02.89	101	---	---	---
FEV1/FVC (%)	81.53	96.01	118	---	---	---
FEF25-75 (L/s)	03.89	03.46	089	---	---	---
PEFR (L/s)	08.92	07.50	084	---	---	---
FIVC (L)	---	02.75	---	---	---	---
FEV.5 (L)	---	02.17	---	---	---	---
FEV3 (L)	03.42	03.01	088	---	---	---
PIFR (L/s)	---	04.92	---	---	---	---
FEF75-85 (L/s)	---	01.75	---	---	---	---
FEF.2-1.2 (L/s)	06.86	05.80	085	---	---	---
FEF 25% (L/s)	07.91	05.97	075	---	---	---
FEF 50% (L/s)	05.61	03.66	065	---	---	---
FEF 75% (L/s)	02.67	02.04	076	---	---	---
FEV.5/FVC (%)	---	72.09	---	---	---	---
FEV3/FVC (%)	97.16	100.00	103	---	---	---
FET (Sec)	---	01.21	---	---	---	---
ExplTime (Sec)	---	00.05	---	---	---	---
Lung Age (Yrs)	042	042	100	---	---	---
FEV6 (L)	03.52	---	---	---	---	---
FIF 25% (L/s)	---	04.82	---	---	---	---
FIF 50% (L/s)	---	04.11	---	---	---	---
FIF 75% (L/s)	---	03.82	---	---	---	---
SVC (L)	---	04.06	---	---	---	---
ERV (L)	01.37	02.82	206	---	---	---
IRV (L)	---	01.91	---	---	---	---
VE (L/min)	---	28.12	---	---	---	---
Rf (l/min)	---	37.50	---	---	---	---
Ti (sec)	---	00.60	---	---	---	---
Te (sec)	---	01.00	---	---	---	---
VT (L)	---	00.75	---	---	---	---
VT/Ti	---	01.25	---	---	---	---
Ti/Ttot	---	00.38	---	---	---	---
IC (L)	---	02.66	---	---	---	---
MVV (L/min)	134	093	069	---	---	---
MRf (l/min)	---	138.23	---	---	---	---
MVT (L)	---	00.67	---	---	---	---

**Pre Medication Report Indicates**

**Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80**

V (Litres)





**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
 2942/KUNAL A KOTHARI 42 Yrs/Male 86 Kg/172 Cms  
 Date: 20-Jul-2024 09:48:12 AM

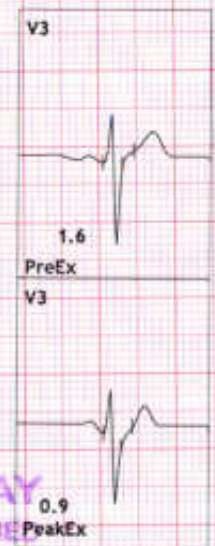
**Summary**



Ref.By : MEDIWHEEL  
 Medication : DM  
 Objective :

Protocol : BRUCE  
 History : DM

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	80	120/70	96	-	
Standing					1.0	87	120/70	104	-	
HV					1.0	87	120/70	104	-	
ExStart					1.0	90	120/70	108	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	114	120/80	136	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	131	130/80	170	-	
PeakEx	1:35	7:36	3.4	14.0	8.8	154	140/90	215	-	
Recovery	1:00		0.0	0.0	1.2	118	170/90	200	-	
Recovery	2:00		0.0	0.0	1.0	99	160/80	158	-	
Recovery	3:00		0.0	0.0	1.0	96	140/80	134	-	
Recovery	3:06		0.0	0.0	1.0	98	130/80	127	-	



**Findings :**  
 Exercise Time : 7:36 minutes  
 Max HR attained : 154 bpm 87% of Max Predictable HR 178  
 Max BP : 170/90(mmHg)  
 WorkLoad attained : 8.8 (Good Effort Tolerance )  
 No Significant ST segment changes seen during exercise or recovery  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maximum Depression: 7:36  
 Disclaimer :Negative stress test does not rule out coronary artery disease  
 Positive stress test is suggestive but not confirmatory of coronary artery disease

*Kothari*  
**Dr. VINAY HIRAY**  
 DNB MED  
 Reg. No. 2812/09/2681

Advice/Comments:



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
2942/KUNAL A KOTHARI  
42 Yrs/Male  
86 Kg/172 Cms  
Date: 20-Jul-2024 09:48:12 AM

HR: 83 bpm  
METS: 1.0  
BP: 120/70

MpHR: 46% of 178  
Speed: 0.0 mph  
Grade: 0.0%

**12 Lead + Comparison**

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:33  
BLC :On  
Notch :On

SUPINE  
10.0 mm/mV  
25 mm/Sec.





# Excellas Clinics Pvt Ltd

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
2942/KUNAL A KOTHARI  
42 Yrs/Male  
86 Kg/172 Cms  
Date: 20-Jul-2024 09:48:12 AM

HR: 82 bpm  
METS: 1.0  
BP: 120/70

## 12 Lead + Comparison

MHR: 46% of 178  
Speed: 0.0 mph  
Grade: 0.0%

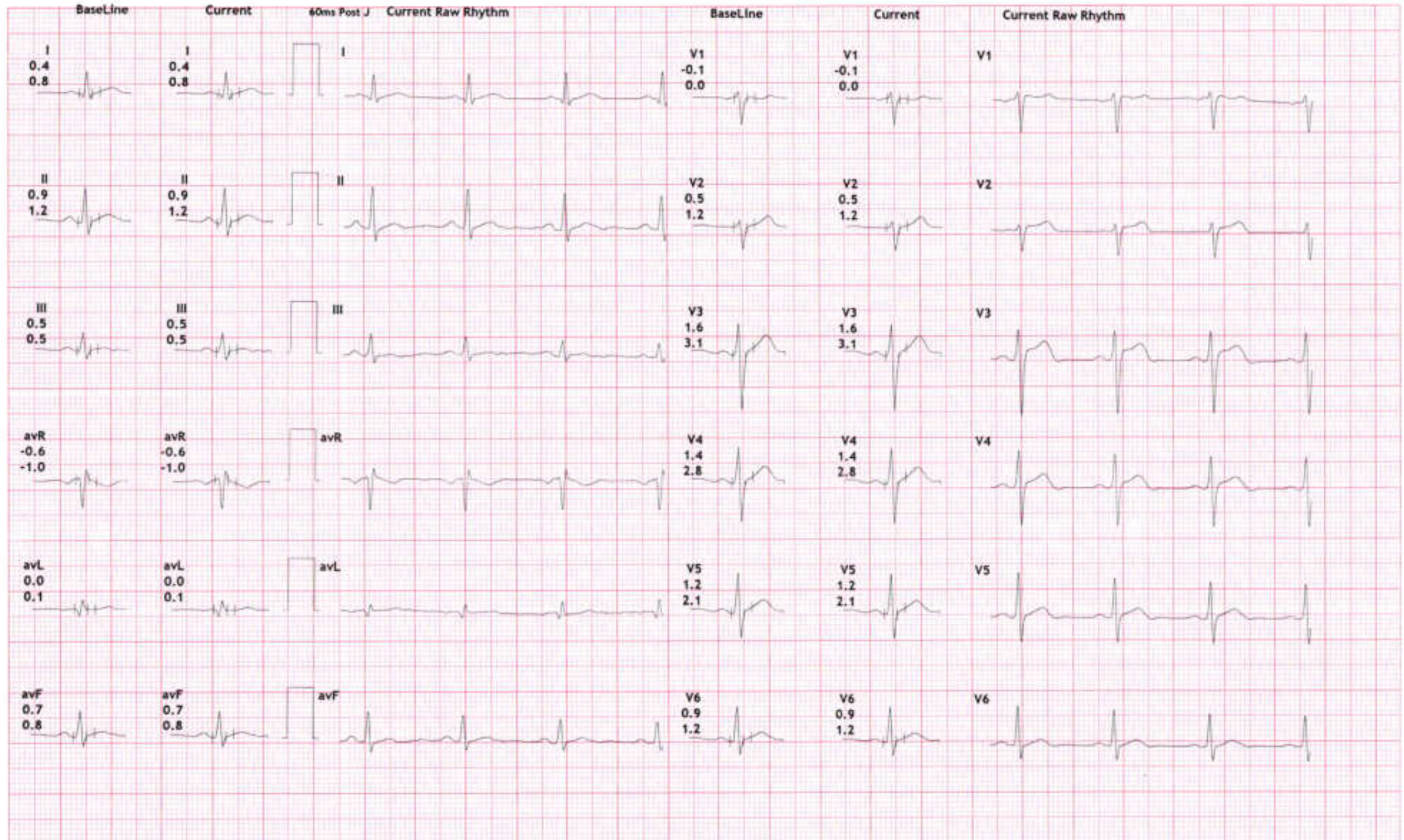
Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:43  
BLC :On  
Notch :On

STANDING  
10.0 mm/mV  
25 mm/Sec.









**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
2942/KUNAL A KOTHARI  
42 Yrs/Male  
86 Kg/172 Cms  
Date: 20-Jul-2024 09:48:12 AM

HR: 85 bpm  
METS: 1.0  
BP: 120/70

MHR:47% of 178  
Speed: 0.0 mph  
Grade: 0.0%

**12 Lead + Comparison**

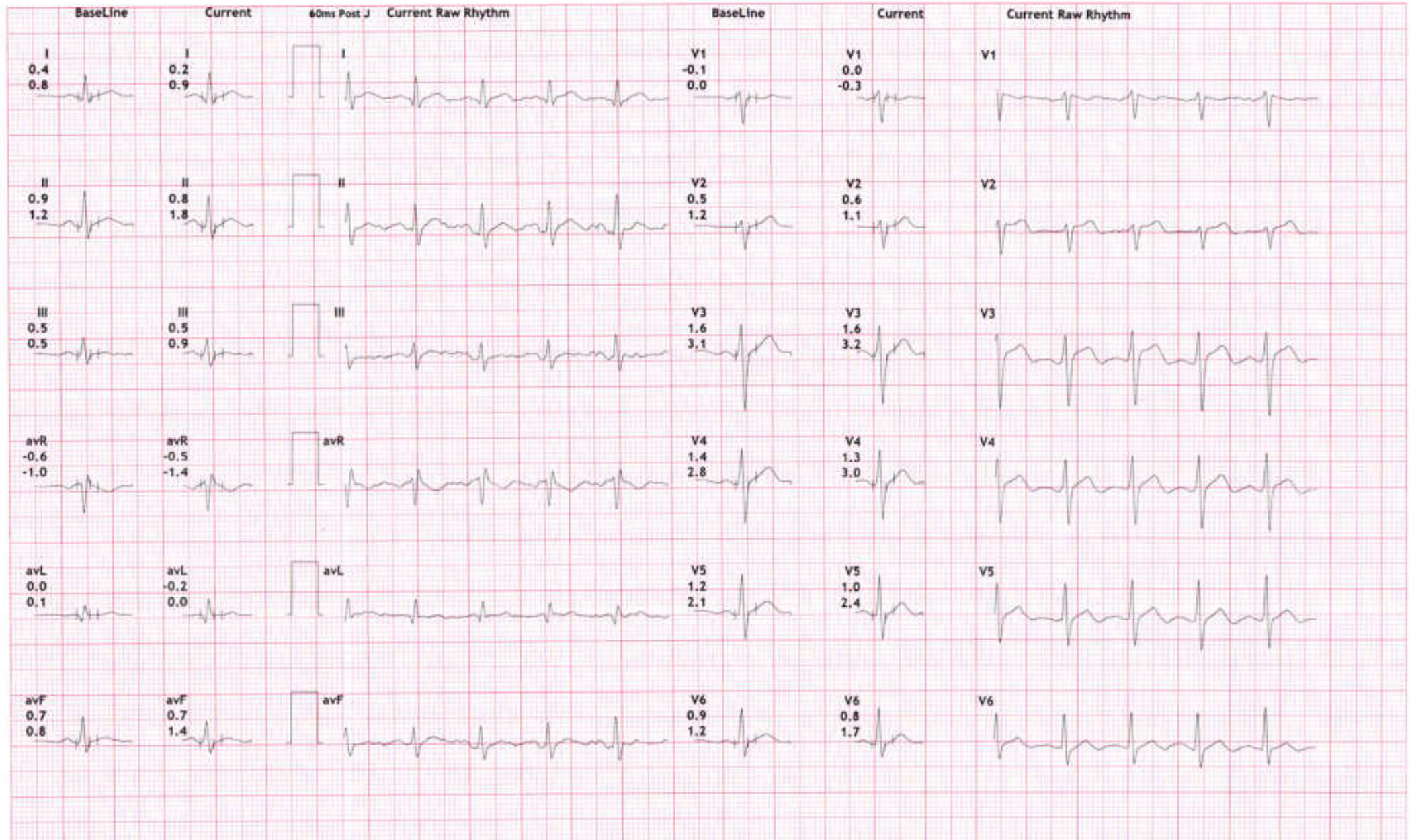
Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:00  
BLC :On  
Notch :On

ExStrt  
10.0 mm/mV  
25 mm/Sec.









# Excellas Clinics Pvt Ltd

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
2942/KUNAL A KOTHARI  
42 Yrs/Male  
86 Kg/172 Cms  
Date: 20-Jul-2024 09:48:12 AM

HR: 131 bpm  
METS: 7.1  
BP: 130/80

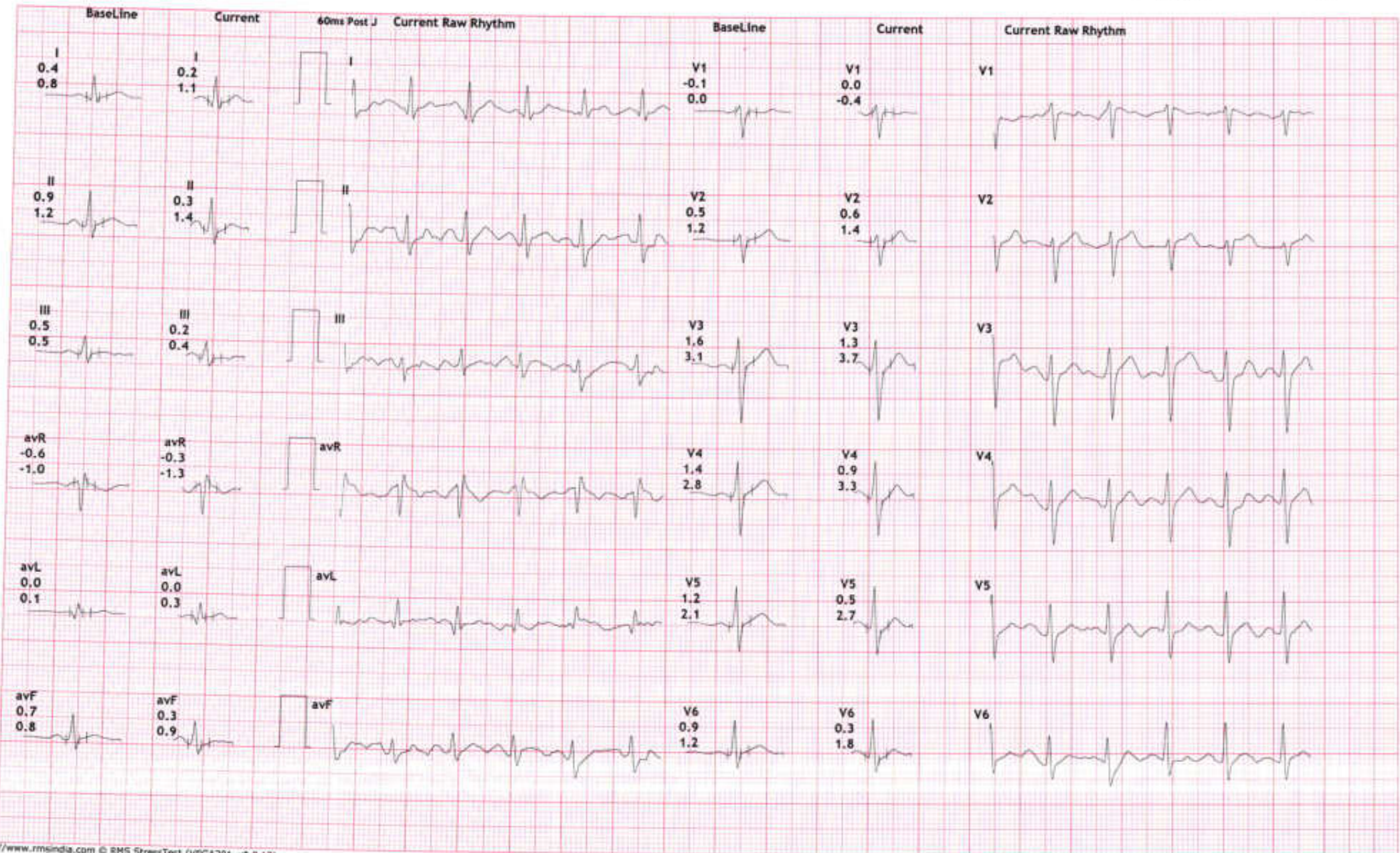
## 12 Lead + Comparison

MPHR: 73% of 178  
Speed: 2.5 mph  
Grade: 12.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 06:00  
BLC :On  
Notch :On

Stage 2 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.





**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
 2942/KUNAL A KOTHARI  
 42 Yrs/Male  
 86 Kg/172 Cms  
 Date: 20-Jul-2024 09:48:12 AM

HR: 154 bpm  
 METS: 8.8  
 BP: 140/90

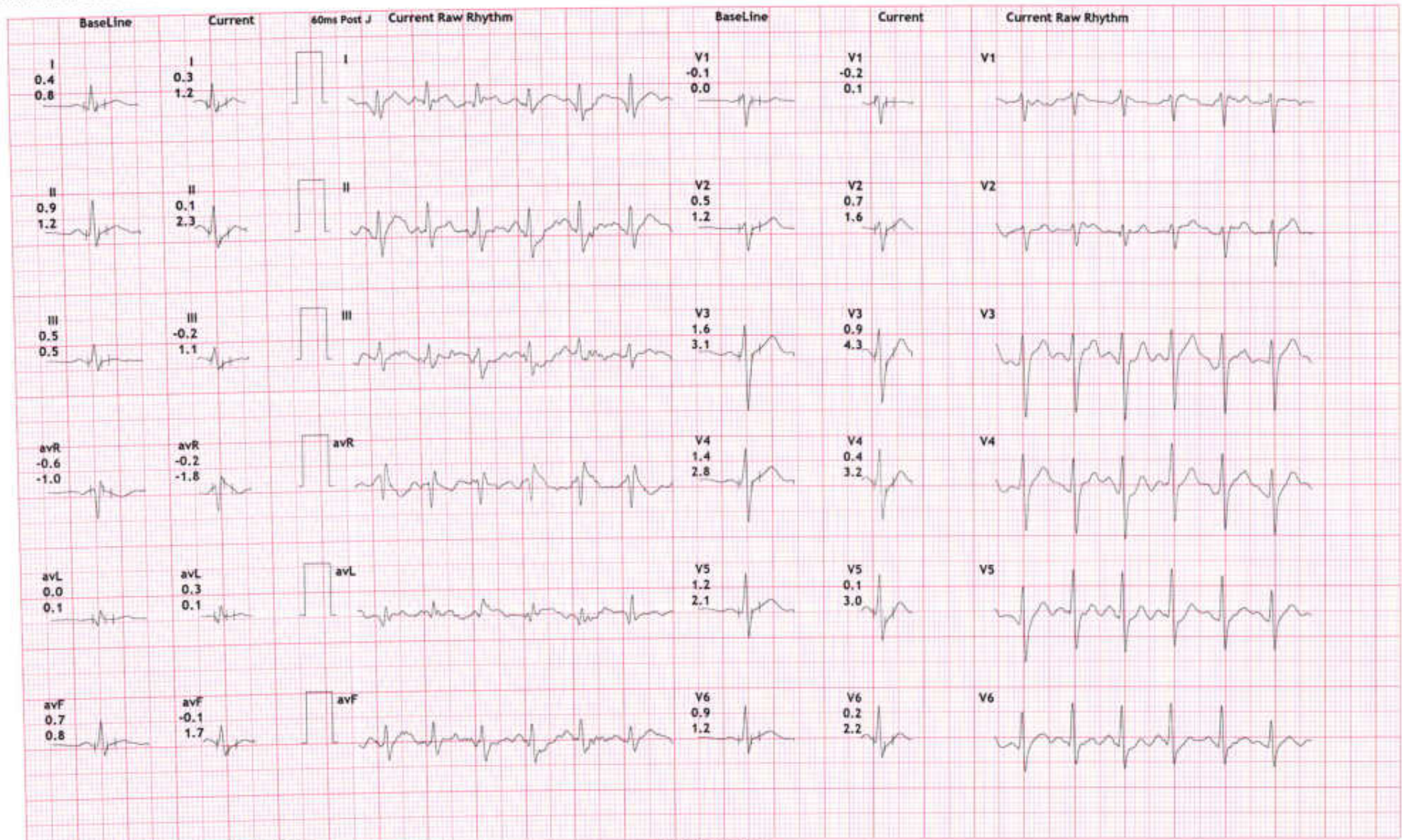
MHR: 86% of 178  
 Speed: 3.4 mph  
 Grade: 14.0%

**12 Lead + Comparison**

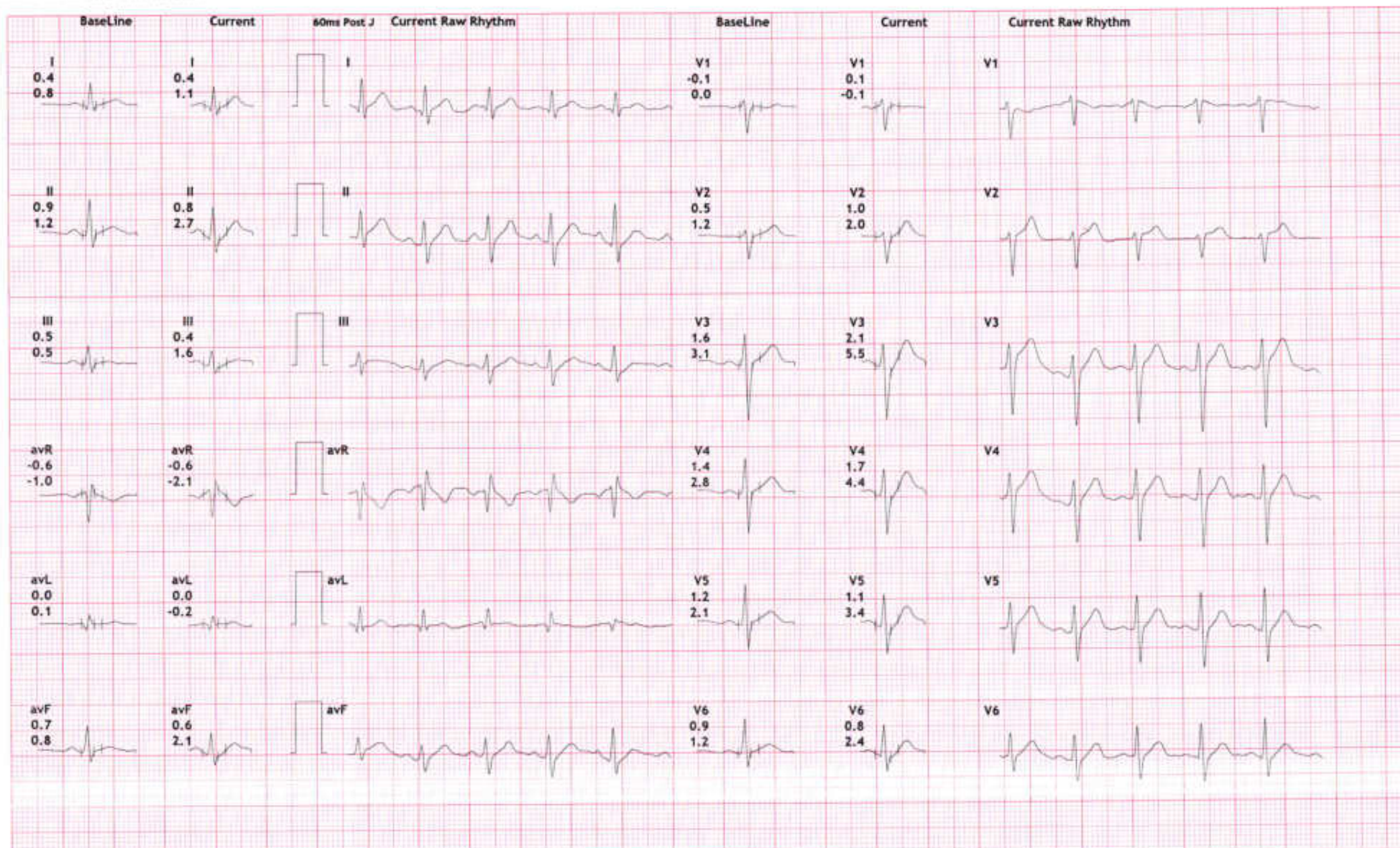
Raw ECG  
 BRUCE  
 (1.0-100)Hz

Ex Time 07:35  
 BLC :On  
 Notch :On

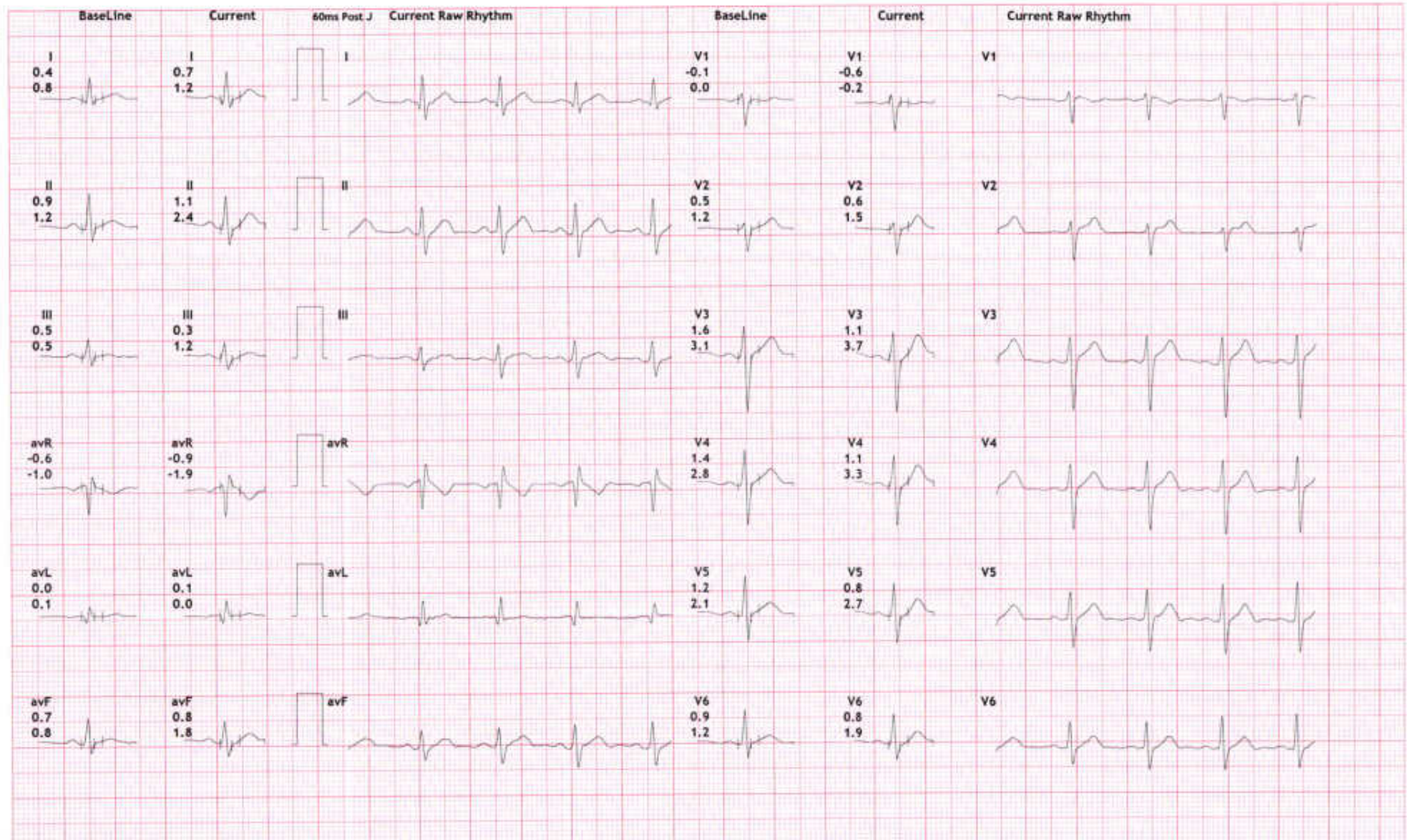
PeakEx  
 10.0 mm/mV  
 25 mm/Sec.



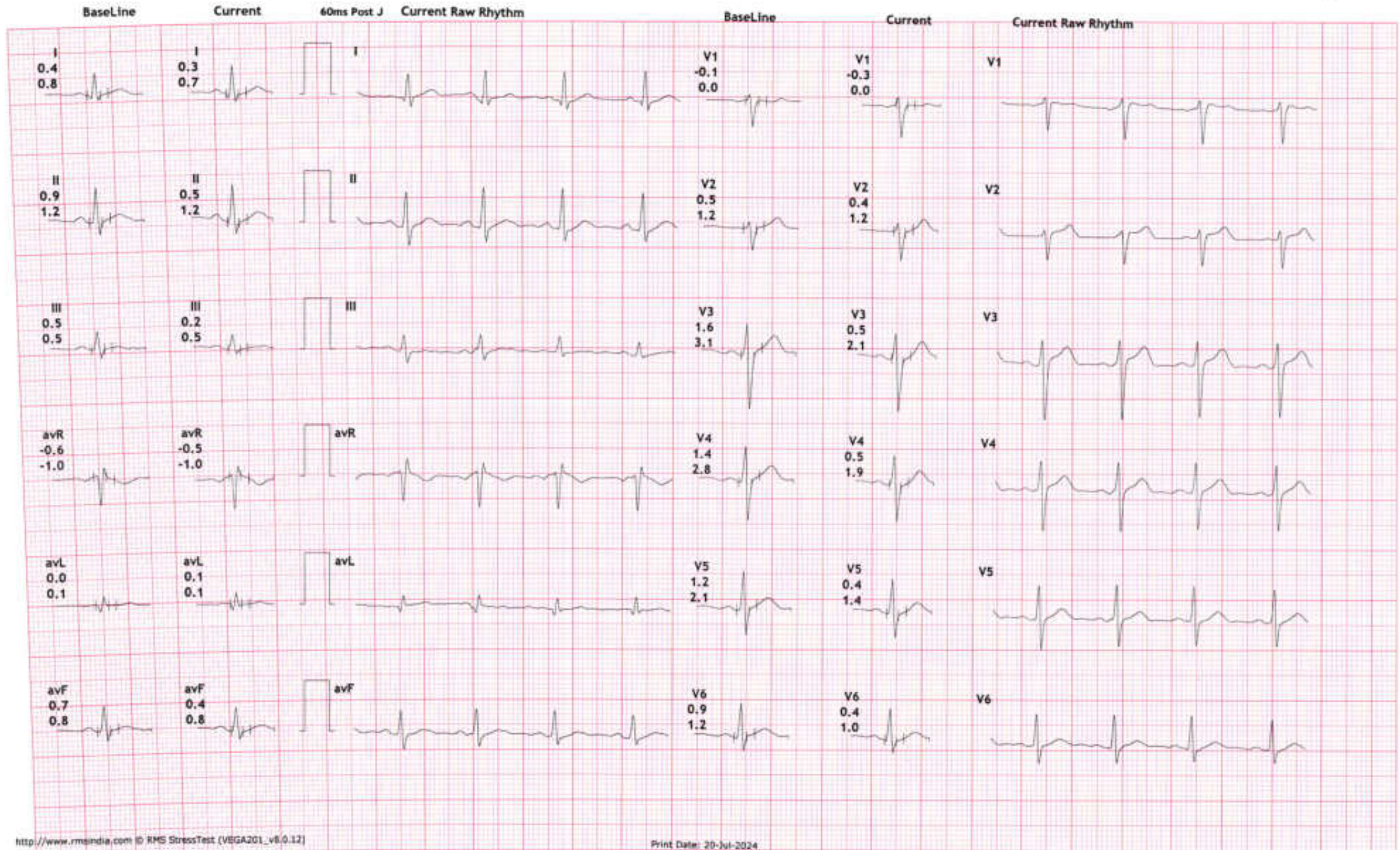






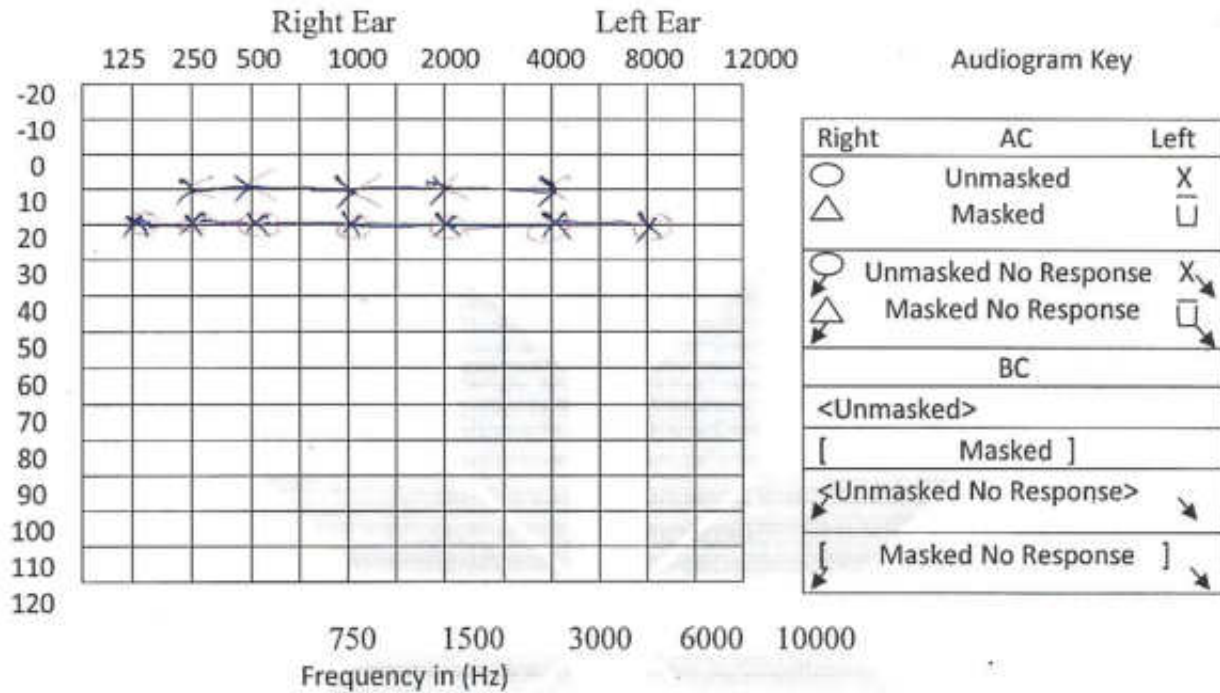








<b>NAME : MR. KUNAL KOTHARI</b>	<b>AGE: 42YRS / MALE</b>
<b>REF BY: J M FINANCE SERVICES LTD</b>	<b>DATE:20/07/2024</b>

**AUDIOGRAM**


Responses: Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory

If any other specify

Procedure: Standard / Play

Audiological Interpretations:

Test Ear	P.T.A. dBHL
Right	20
Left	20

**BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS**
**EXCELLAS CLINICS PVT. LTD**

B-1, Vile Parle Commercial,

near Axis Bank, LBS Marg,

Malabar Hill, Mumbai - 400005


**AUDIOLOGIST**

Mulund (West), Mumbai - 400080



## Laboratory Report

Lab ID : 40733808176

<b>Patient</b> : Mr. KUNAL KOTHARI <b>DOB</b> :  <b>Tel No</b> : <b>PID No</b> : <b>Sex/Age</b> : Male / 42 Years <b>Ref Id</b> : <b>Specimen</b> : Serum		<b>Ref. By</b> :  <b>Client</b> : Excellas Clinic Vikas pardesi building,near santoshi mata mandir,lal bahadur shastri road,vardhman nager Mulund(W)  <b>Processing Location</b> : NDPL - Vidyavihar	<b>Registered On:</b> 20-Jul-2024 12:53  <b>Collected On:</b> 20-Jul-2024 12:53  <b>Reported On:</b> 20-Jul-2024 14:09
--	---	--	---

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>C- Reactive Protein</b> <i>Immunoturbidimetric</i>	1.11	mg/L	0-5	

**INTERPRETATIONS:**

Detecting systemic inflammatory processes. Detecting infection and assessing response to antibiotic treatment of bacterial infections Differentiating between active and inactive disease forms with concurrent infection CRP levels can increase dramatically (100-fold or more) after severe trauma, bacterial infection, inflammation, surgery, or neoplastic proliferation. CRP has been used to assess activity of inflammatory disease, to detect infections after surgery, to detect transplant rejection, and to monitor these inflammatory processes. Elevated values are consistent with an acute inflammatory process.

**CAUTIONS :**

Elevated C-reactive protein (CRP) values are nonspecific and should not be interpreted without a complete clinical history. Oral contraceptives may increase CRP levels. HSCR/C-Reactive Protein, High Sensitivity, Serum is the appropriate CRP test to order to assess risk of cardiovascular disease or events.

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

Verified by  
**SHAMBHAVI GARDE.**



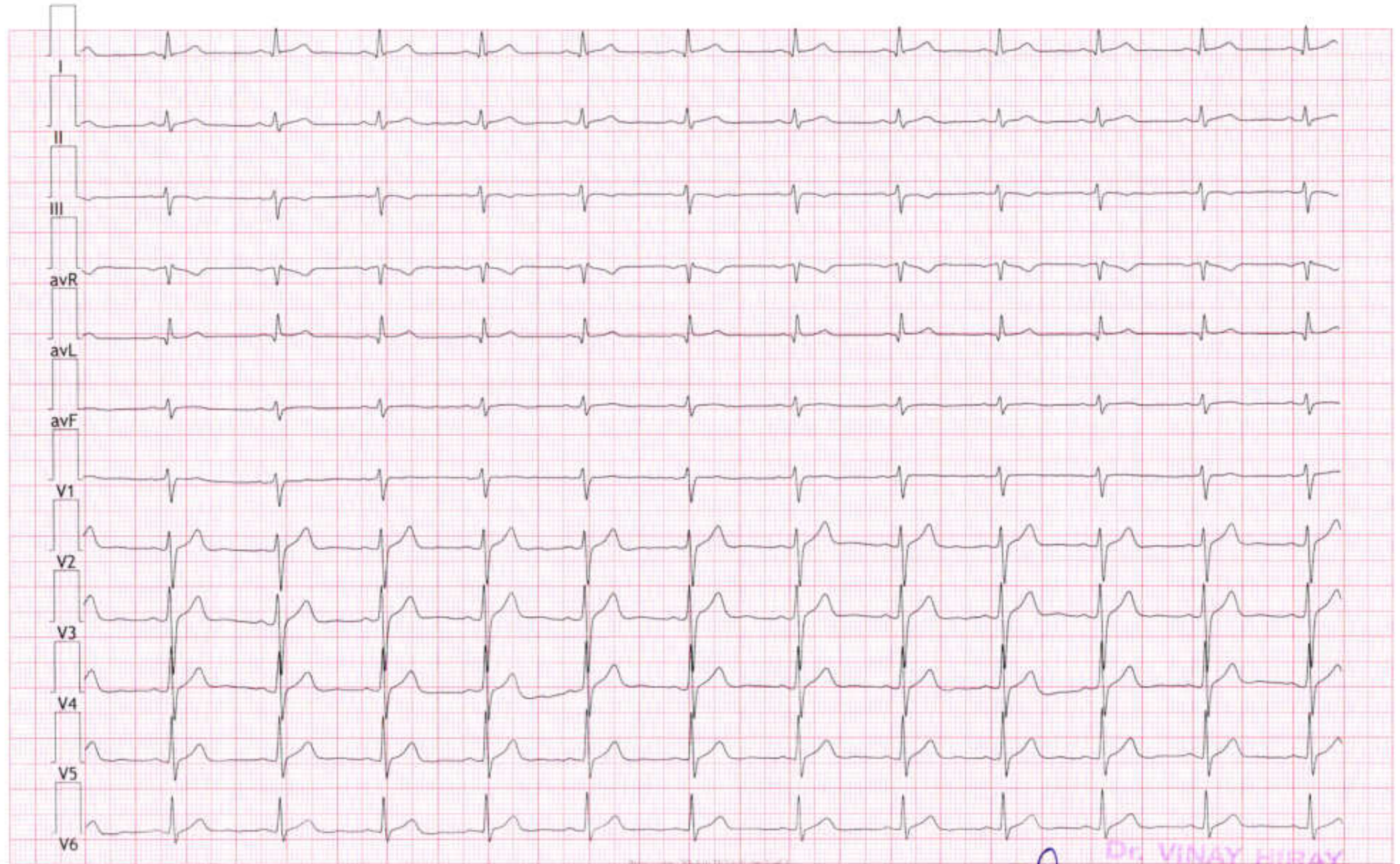
  
**Dr Nilesh Bhamare**

Page 1 of 1

M.D.Pathology  
MMC Reg.No.2005/9/3404







NSR

Dr. VINAY HIRAY

DNB MED

Reg. No. 2012002681