



Age/Gender : 35 Y 4 M 4 D/M
UHID/MR No : SJAI.0000069744
Visit ID : SJAIOPV56265

Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 22E36302 Collected : 26/Oct/2024 11:31AM

Received : 26/Oct/2024 11:50AM

Reported : 26/Oct/2024 01:32PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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 15



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





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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	15.2	g/dL	13-17	Spectrophotometer
PCV	46.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.15	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	89.9	fL	83-101	Calculated
MCH	29.4	pg	27-32	Calculated
MCHC	32.7	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (OLC)			
NEUTROPHILS	59	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4897	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2905	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166	Cells/cu.mm	20-500	Calculated
MONOCYTES	332	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.69		0.78- 3.53	Calculated
PLATELET COUNT	325000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC - Predominantly normocytic normochromic. NRBC are not seen.

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

Parasite - Not seen.



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





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



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





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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	101	mg/dL	70-100	GOD - POD

Sample is random type as it is not given after 8-10hrs of fasting. Kindly correlate clinically.

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.

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

SIN No:PLF02210628







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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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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)

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Dr Nidhi Sachdev M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:EDT240093515





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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	183	mg/dL	<200	CHE/CHO/POD			
TRIGLYCERIDES	193	mg/dL	<150	Enzymatic			
HDL CHOLESTEROL	43	mg/dL	40-60	CHOD			
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated			
LDL CHOLESTEROL	101.12	mg/dL	<100	Calculated			
VLDL CHOLESTEROL	38.61	mg/dL	<30	Calculated			
CHOL / HDL RATIO	4.22		0-4.97	Calculated			
ATHEROGENIC INDEX (AIP)	0.33		<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

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





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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		<u> </u>		
BILIRUBIN, TOTAL	0.25	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.08	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.17	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.12	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.9	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8	30,00	<1.15	Calculated
ALKALINE PHOSPHATASE	55.97	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.64	g/dL	6.3-8.2	Biuret
ALBUMIN	4.82	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71	1/13	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.
- 4. Associated tests for assessment of liver fibrosis Fibrosis-4 and APRI Index.

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SER	RUM		
CREATININE	0.76	mg/dL	0.67-1.17	Enzymatic colorimetric
UREA	22.52	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.71	mg/dL	3.5-7.2	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.46	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.64	g/dL	6.3-8.2	Biuret
ALBUMIN	4.82	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

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





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Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	15.41	U/L	15-73	Glyclyclycine 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, TSF	H), SERUM			
TRI-IODOTHYRONINE (T3, TOTAL)	1.307	ng/ml	0.80-1.90	CLIA
THYROXINE (T4, TOTAL)	10.179	μg/dL	5-13	CLIA
THYROID STIMULATING HORMONE (TSH)	2.842	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 Treatment.
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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Dr. Khushbu Jain M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:SPL24144976





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DEPARTMENT OF IMMUNOLOGY

Reported

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

				Pituitary Adenoma; TSHoma/Thyrotropinoma
High	High	High	High	richard richard, restronta ringrou opiniona



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

SIN No:SPL24144976





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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			<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
рН	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOPY			
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/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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Dr. Khushbu Jain M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:UR2417975





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

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TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. 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 (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:UR2417975









: Mr.KHUSHI RAM MEENA

Age/Gender

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DEPARTMENT OF BIOCHEMISTRY

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Test Name	9	Result	Unit	Bio. Ref. Interval	Method	
HBA1C (GLYCATED HE	MOGLOBIN) , WHOL	E BLOOD EDTA				
HBA1C, GLYCATED HE	MOGLOBIN	5.4	%		HPLC	
ESTIMATED AVERAGE (eAG)	GLUCOSE	108	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 crythrocyte life span or decrease mean crythrocyte 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)

*** End Of Report ***

Page 1 of 1

Dr Nidhi Sachdev M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:EDT240093515





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No

: SJA1.0000069744

Visit ID Ref Doctor : SJAIOPV56265

Emp/Auth/TPA ID

: Dr.SELF : 22E36302 Collected

: 26/Oct/2024 11:31AM

Received

: 27/Oct/2024 11:28AM

Reported

: 27/Oct/2024 01:37PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. 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 (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

Dr Nidhi Sachdev M.B.B.S,MD(Pathology) Consultant Pathologist

SIN No:EDT240093515



Customer Pending Tests HBA1C REPORT PENDING



भारत सरकार

Government of India

खुशी राम मीना Khushi Ram Meena



जन्म तिथि/DOB: 22/06/1989 पुरुष / Male

9759 4395 7280

. आधार - आम आदमी का अधिकार



ीक्त का अधिकरण

Unique identification Authority of India

पता: S/O: कैलाश मीना, मीनापव्ी चैनपुरा, करौली, राजस्थान, 322213 Address: S/O: Kailash Meena, Meenapatti, Chainpura, Karauli, Rajasthan, 322213

9759 4395 7280









: MR. KHUSHI RAM MEENA

Age/Sex : 35 Jr/M

MRN No : 697-44

Visit type: HC

BMI Report

B.P.:

120/30mmoftly.

Weight (in KGs): FOK9.

Height (in cm):

BMI (Body Mass Index): 27 .3

Pulse: 896+1min

BMI Categories:

Underweight = <18.5Normal weight = 18.5-24.9

Overweight = 25-29.9

Obesity = BMI of 30 or greater (According to WHO Standards)

Waist Measurement (At narrowest point):

Hip Measurement (At widest Point):

Waist to Hip Ratio:

Chest - Expirations (cms): $\mathcal{I}\mathcal{S}$

Inspirations (cms): 19

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals

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Elmperial Towers, 7th Floor,

Opp. to : Ameerpet Metro Station, Ameerpet, Hyderabad-500038, Telangaria (INDIA)

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

	of	Mr Ichust			(
[reviewing the mede/she is	dical history and	d on clinical ex	kamination it	has been foun	ıd	Tick
	•	Medically Fit						
٠.	•	Fit with restricti	ons/recommend	ations		40		
		Though following not impediments		ave been revea	aled, in my o	pinion, these a	re	
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	nayak Nag	pitals Jar, Sahakar Marg, Jothi, Jaipur- 302005	Phone.: 0141 www.apollos			Registered Addre Imperial Towers, 7th Öpp. to : Ameerpet Hyderabad-500038,	n Floor, Metro Station, .	

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



Vantal.

Khushi Rom Mena. 34 um 26/16/24.

B.

SHY-NM Tooth Parte. 2 months.

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

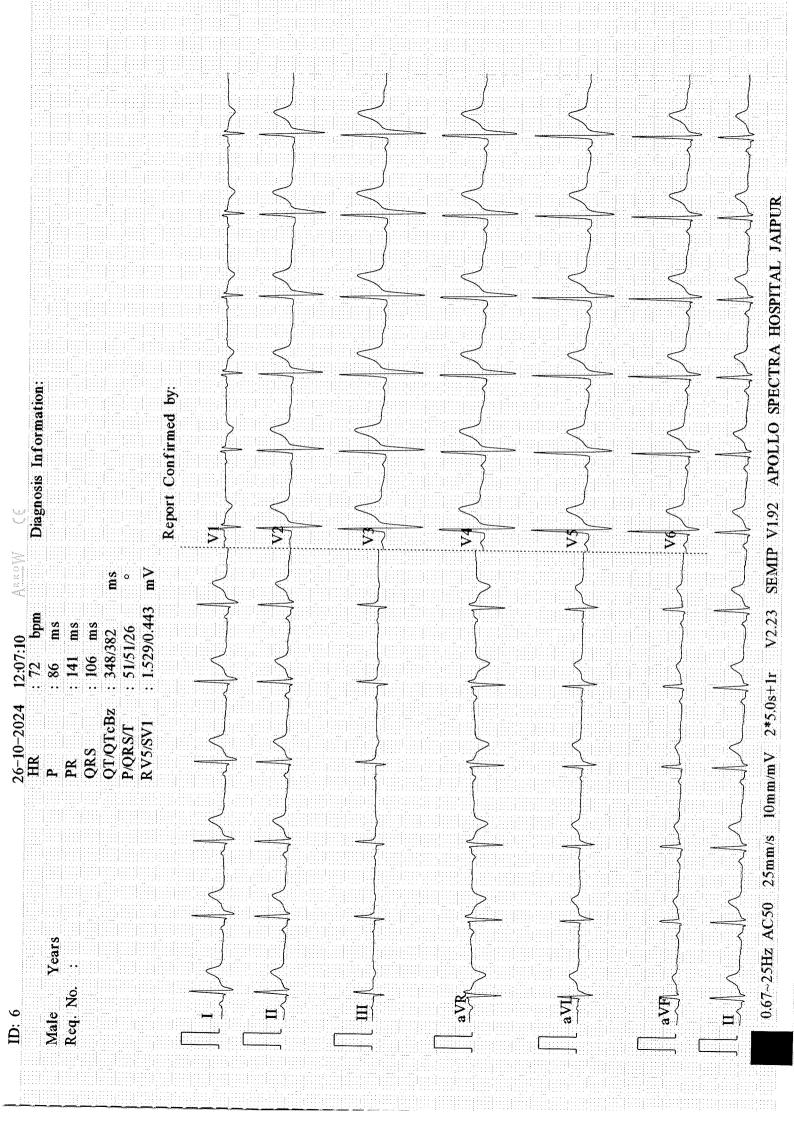
CIN- U85100KA2009PTC049961

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NAME: KHUSHI RAM MEENA

35Y/W

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.

NAME: KHUSHI RAM MEENA

267

Diagnostic Centre
Focusing on Journey of Fetus

MASSIL

REF. BY: APOLLO SPECTRA HOSPITAL

ULTRASOUND WHOLE ABDOMEN REPORT:

LIVER: is enlarged in size (16.4 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 partially distended. 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 partially filled.

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

IMPRESSION:

Mild hepatomegaly with grade I fatty liver.

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

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

Dr. Sumita Choudhary
DNB (Radiodiagnosis).
Consultant Radiologist

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

Dr. Vaishali Singh Consultant Radiologist RMC Reg. No. 27095

DIAGNOSIS IS Must For Cure, We Are Commited 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



NAME: KHUSHI RAM MEENA

35Y/M

REF. BY: APOLLO HOSPITAL

2-D ECHO-CARDIOGRAPHY WITH COLOUR DOPPLER

M MODE-2D ECHO FINDINGS

D	Distance of the last	M	From	N	8	20000	0	M	C	n
Breid	Ħ	2 图 2	Percent	8 39	2	В	N	8 6	2.0	

IVST	(DIASTOLIC)	8	mm	AO	20	mm
13.45			111111	AO	20	mm
LVID	(DIASTOLIC)	47	mm	LA	27	mm
LVPW	(DIACTOLIO)	_		Land C	21	11111
LVMVV	(DIASTOLIC)	9	mm			
IVST	(SYSTOLIC)	11	mm			
	(OTOTOLIC)	1 1	mm			
LVID	(SYSTOLIC)	32	mm			
	,	32	mm			
LVPW	(SYSTOLIC)	12	mm			
	IVIVEO		5 4 12 2 1			

LV FUNCTIONS:

HR	bpm	SV	ml
LVEDV	ml	EF	58 %
LVESV	ml	FS	%

MORPHOLOGY:

SITUS	:	SOLITUS
	•	COLLITOO

ANTRIOVENTRICULAR RELATION : CONCORDANT VENTRICULOARTERIAL RELATION : CONCORDANT MITRAL AORTIC CONTINUITY : NORMAL

SEPTAL AROTIC CONTINUITY : NORMAL IAS : INTACT : INTACT

CARDIAC CHAMBERS : NORMAL SIZE GREAT VESSELS : NORMAL SIZE

VALVES:

MITRAL : NORMAL TRICUSPID : NORMAL PULMONARY : NORMAL AORTIC : NORMAL

L.V.:

REGIONAL WALL MOTION : NORMAL SYSTOLIC FUNCTION : NORMAL DIASTOLIC FUNCTION : NORMAL

Cont...... Page (2)

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



NAME: KHUSHI RAM MEENA

35Y/M

NIL

NIL

NIL

REF. BY: APOLLO HOSPITAL

THROMBUS
VEGETATION
PERICARDIUM

VALVE MITRAL MITRAL TRICUSPID PULMONARY AORTIC	E A	/ELOCITY (m/sec) 0.78 0.59 0.35 0.81 1.05	REGURG Grade NIL NIL NIL NIL NIL	STENOSIS GRADIENT (peak/mean-mm Hg)
MV AREA AV AREA		cm ² NORMAL	(BY PHT/P	LANIMETRY)
PULMONARY	ARTERY P	RESSURE	: NORMAI	

IMPRESSION:

- > ALL CARDIAC CHAMBERS ARE NORMAL.
- > ALL VALVES ARE NORMAL.
- > IAS/IVS INTACT.
- NO WALL MOTION ABNORMALITY.
- > PERICARDIUM NORMAL.
- > NO CLOT/VEGETATION SEEN.
- > NORMAL SYSTOLIC AND DIASTOLIC FUNCTIONS OF THE LV.

Consultant Cardiologist.

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



Dr. Ashwath Kasliwal Consultant - ENT, Head & Neck Surgery Regd. No. 43992 (RMC)

Mr. Klusli Ram Meena.

26/10/201p.

Carrefol regular cheeleup

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Ger-R C

16

Advice +



APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals

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Registered Address

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





Apollo Clinic

CONSENT FORM

Patient Name: Mr. Khully Ray Meen Age:	, 35-
UHID Number: Company	Name:
I Mr/Mrs/Ms Employee	of
(Company) Want to inform you that I am not interested in getting	
Tests done which is a part of my routine health check package.	
And I claim the above statement in my full consciousness.	
Patient Signature:	26/10/2029







Name: No. KhUShi Ram Meeng Age/Sex: 35/m MRN No:	Visit type: HC
Eye Check-up Report	
Present Complains: No Bomph	*
,	
Surgical History: MO	
,	g.
Past History: Hyperten On / Diabetes / IHD / Asthma/TB/ Kic	dney
Problems	
Family History: Glaucoma / Diabetes / Retina Problem / High M Blindness	XO Iyopia / Night
RE +0.25 LI	
Ophthalmoscopy:	
RE WW LE	WPL

APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED

CIN- U85100KA2009PTC049961

Apollo Spectra Hospitals

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APOLLO SPECIALITY HOSPITALS PRIVATE LIMITED CIN- U85100KA2009PTC049961

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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No

: SJAI.0000069744

Visit ID Ref Doctor : SJAIOPV56265

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 22E36302

Collected

: 26/Oct/2024 11:31AM

Received

: 26/Oct/2024 11:50AM

Reported

: 26/Oct/2024 01:32PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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











: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No

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: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

Test Name HEMOGRAM , WHOLE BLOOD EDTA	Result	Unit	Bio. Ref. Interval	Method
HAEMOGLOBIN PCV	15.2	g/dL	13-17	Spectrophotometer
	46.30	%	40-50	Electronic pulse &
RBC COUNT MCV	5.15	Million/cu.mm	4.5-5.5	Calculation Electrical Impedence
MCH	89.9	fL	83-101	Calculated
MCHC	29.4	pg	27-32	Calculated
R.D.W	32.7	g/dL	31.5-34.5	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	12.1	%	11.6-14	Calculated
DIFFERENTIAL LEUCOCYTIC COUNT	8,300	cells/cu.mm	4000-10000	Electrical Impedance
NEUTROPHILS	59	%	40.00	
YMPHOCYTES	35	%	40-80 20-40	Electrical Impedance
OSINOPHILS	02	%	∠0-40 1-6	Electrical Impedance
ONOCYTES	04		2-10	Electrical Impedance
ASOPHILS	00	%	0-2	Electrical Impedance
BSOLUTE LEUCOCYTE COUNT			0-2	Electrical Impedance
IEUTROPHILS YMPHOCYTES	4897	Cells/cu.mm	2000-7000	Calculated
OSINOPHILS	2905	Cells/cu.mm	1000-3000	Calculated
ONOCYTES	166	Cells/cu.mm	20-500	Calculated
eutrophil lymphocyte ratio (NLR)	332	Cells/cu.mm		Calculated
-ATELET COUNT	1.69		The state of the s	Calculated
RYTHROCYTE SEDIMENTATION	325000	cells/cu.mm	The Control of the Co	Electrical impedence
ATE (ESR) RIPHERAL SMEAR	10	mm at the end of 1 hour		Modified Westergren

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

Dr. Khushbu Jain

M.B.B.S,MD(Pathology) Consultant Pathologist

hushbu Jain





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No

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DEPARTMENT OF HAEMATOLOGY

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

Parasite - Not seen.

Page 3 of 14



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





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

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: ARCOFEMI HEALTHCARE LIMITED

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**

Rh TYPE

POSITIVE

Forward & Reverse Grouping with Slide/Tube Aggluti Forward & Reverse Grouping with

Slide/Tube Agglutination

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

SIN No:BED240241953

Page 4 of 14



Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No Visit ID

: SJAI.0000069744

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Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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

101

mg/dL

70-100

GOD - POD

Sample is random type as it is not given after 8-10hrs of fasting. Kindly correlate clinically.

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.

Page 5 of 14

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

SIN No:PLF02210628





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No Visit ID

: SJAI.0000069744 : SJAIOPV56265

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Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

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 TRIGLYCERIDES	183	mg/dL	<200	CHE/CHO/POD
	193	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	43	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	140	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.12	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.33		<0.11	Calculated
Kindly correlate clinically				

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	, cry angu
TRIGLYCERIDES	<150	150 - 199	200 - 499	> 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	_ 300 ≥ 190
HDL	≥ 60		Processing	
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Page 6 of 14



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

SIN No:SE04839431





: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No Visit ID

: SJAI.0000069744 : SJAIOPV56265

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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			Dio. Not. litterval	Method
BILIRUBIN, TOTAL	0.25	mg/dL	0.20.4.20	· · · · · · · · · · · · · · · · · · ·
BILIRUBIN CONJUGATED (DIRECT)			0.20-1.20	Colorimetric
er en	0.08	mg/dl	0-0.2	Diazotized sulfanilic acid
BILIRUBIN (INDIRECT)	0.17	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.12	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.9	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	55.97		38-126	p-nitrophenyl
DOTEIN TOTAL			00 120	phosphate
PROTEIN, TOTAL	7.64	g/dL	6.3-8.2	Biuret
ALBUMIN	4.82	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71	-	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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

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

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

SIN No:SE04839431







: Mr.KHUSHI RAM MEENA

Age/Gender

: 35 Y 4 M 4 D/M

UHID/MR No

: SJAI.0000069744

Visit ID Ref Doctor : SJAIOPV56265

Emp/Auth/TPA ID

: Dr.SELF

ID : 22E36302

Collected

: 26/Oct/2024 11:31AM

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: 26/Oct/2024 11:50AM

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Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF BIOCHEMISTRY

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

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

SIN No:SE04839431

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Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.76	mg/dL	0.67-1.17	Enzymatic colorimetri
UREA	22.52	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.71	mg/dL	3.5-7.2	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.46	mg/dL	2.5-4.5	PMA Phenol
SODIUM	144	mmol/L	135-145	Direct ISF
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.64	g/dL	6.3-8.2	Biuret
ALBUMIN	4.82	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.82	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71	7	0.9-2.0	Calculated

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

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

Test Name
GAMMA GLUTAMYL
TRANSPEPTIDASE (GGT) , SERUM

Result 15.41 Unit U/L Bio. Ref. Interval

Method

Glyclyclycine Nitoranalide

M.B.B.S,MD(Pathology)
Consultant Pathologist

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DEPARTMENT OF IMMUNOLOGY

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

THYROID PR	Test Name OFILE TOTAL (T3, T4, TSI	Result I) , SERUM	Unit	Bio. Ref. Interval	Method
	HYRONINE (T3, TOTAL)	1.307	ng/ml	0.80-1.90	CLIA
	E (T4, TOTAL)	10.179	μg/dL	5-13	CLIA
(TSH)	TIMULATING HORMONE	2.842	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.

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

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

SIN No:SPL24144976





: Mr.KHUSHI RAM MEENA

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High

High

High

High

Pituitary Adenoma; TSHoma/Thyrotropinoma

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

SIN No:SPL24144976





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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 (C	UE) , URINE			The second of the second second second
PHYSICAL EXAMINATION				to the control of the second o
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical Measurement
рН	5.5		5-7.5	Double Indicator
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				te da a la compania de la compania del la compania de la compania del la compania de la compania
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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOPY	(The second secon	CONTRACTOR OF THE STATE OF THE
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	Microscopy
RBC	NIL	/hpf	0-2	Microscopy
CASTS	NIL	en and a second	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:UR2417975

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: Mr.KHUSHI RAM MEENA

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

Result/s to Follow:

HBA1C (GLYCATED HEMOGLOBIN)

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TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies.Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. 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 (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.

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

SIN No:UR2417975

