DIAGNOSTIC REPORT

MC-5718

agilus diagnostics

PATIENT NAME : MILIND ABAJI WAYAL | **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0065WL001827** PATIENT ID : MILIM03078865 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 23/12/2023 10:51:32 REPORTED : 26/12/2023 12:32:55

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

HAEMATOLOGY - CBC

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

BLOOD COUNTS,EDTA WHOLE BLOOD

Test	Results	Biological Reference Interval	Units
HEMOGLOBIN (HB) METHOD : CYANIDE FREE DETERMINATION	14.8	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : FLUORESCENCE FLOW CYTOMETRY	4.67	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : ELECTRICAL IMPEDANCE	5.73	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : ELECTRONIC IMPEDENCE & MICROSCOPY	221	150 - 410	thou/µL

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Consultant Pathologist

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Patient Ref. No. 775000005852871

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RBC AND PLATELET INDICES

Test	Result	Reference	Unit
HEMATOCRIT (PCV) METHOD : CALCULATED PARAMETER	44.2	40 - 50	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM	94.6	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	31.6	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) METHOD : CALCULATED PARAMETER	33.4	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : DERIVED PARAMETER FROM RBC HISTOGRAM	13.1	11.6 - 14.0	%
MENTZER INDEX	20.3		
MEAN PLATELET VOLUME (MPV) METHOD : DERIVED PARAMETER FROM PLATELET HISTOGRAM	**11.3 High**	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

Test	Result	Reference	Unit
NEUTROPHILS METHOD : FLUORESCENCE FLOW CYTOMETRY	53	40 - 80	%
LYMPHOCYTES METHOD : FLUORESCENCE FLOW CYTOMETRY	40	20 - 40	%
MONOCYTES	6	2 - 10	%

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METHOD : FLUORESCENCE FLOW CYTOMETRY			
EOSINOPHILS	1	1 - 6	%
METHOD : FLUORESCENCE FLOW CYTOMETRY			
BASOPHILS	0	0 - 1	%
METHOD : FLUORESCENCE FLOW CYTOMETRY			
ABSOLUTE NEUTROPHIL COUNT	3.04	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	2.29	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.34	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	0.06	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE BASOPHIL COUNT	**0.00 Low**	0.02 - 0.10	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.3		
METHOD : CALCULATED			

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Interpretation(s)

BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

8800465156

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HAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD

E.S.R	2	0 - 14	mm at 1 hr

METHOD : AUTOMATED (PHOTOMETRICAL CAPILLARY STOPPED FLOW KINETIC ANALYSIS)

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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

Test	Result	Reference	Unit
HBA1C	5.0	Non-diabetic Adult < 5.7 Pre-diabetes 5.7 - 6.4 Diabetes diagnosis: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : ION- EXCHANGE HPLC			
ESTIMATED AVERAGE GLUCOSE(EAG)	96.8	< 116	mg/dL

Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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IMMUNOHAEMATOLOGY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP METHOD : HAEMAGGLUTINATION (AUTOMATED)	A		
RH TYPE METHOD : HAEMAGGLUTINATION (AUTOMATED)	POSITIVE		

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Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

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BIOCHEMISTRY

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

GLUCOSE FASTING,FLUORIDE PLASMA

Test	Results	Biological Reference Interval	Units
FBS (FASTING BLOOD SUGAR)	89	Normal <100 Impaired fasting glucose:100 to 125 Diabetes mellitus: > = 126 (on more than 1 occassion) (ADA guidelines 2021)	mg/dL

METHOD : SPECTROPHOTOMETRY HEXOKINASE

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GLUCOSE, POST-PRANDIAL, PLASMA

PPBS(POST PRANDIAL BLOOD SUGAR)	67	Normal <140 Impaired glucose tolerance:140 to 199 Diabetes mellitus : > = 200 (on more than 1 occassion) ADA guideline 2021	mg/dL

METHOD : SPECTROPHOTOMETRY HEXOKINASE

LIPID PROFILE WITH CALCULATED LDL

CHOLESTEROL, TOTAL	176	Desirable : < 200 Borderline : 200 - 239 High : > / = 240	mg/dL
METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC - CHOLETSEROL OXIDASE, ESTERASE, PEROXIDASE			
TRIGLYCERIDES	140	Normal: < 150 Borderline high: 150 - 199 High: 200 - 499 Very High: >/= 500	mg/dL
METHOD : SPECTROPHOTOMETRY, ENZYMATIC ENDPOINT WITH GLYCEROL BLANK			
HDL CHOLESTEROL	**39 Low**	At Risk: < 40 Desirable: > or = 60	mg/dL

METHOD : SPECTROPHOTOMETRY, HOMOGENEOUS DIRECT ENZYMATIC COLORIMETRIC

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CHOLESTEROL LDL	**109 High**	Optimal : < 100 Near optimal/above optimal : 100-129 Borderline high : 130-159 High : 160-189 Very high : = 190	mg/dL
METHOD : CALCULATED PARAMETER			
NON HDL CHOLESTEROL	**137 High**	Desirable : < 130 Above Desirable : 130 -159 Borderline High : 160 - 189 High : 190 - 219 Very high : > / = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	28.0	< or = 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	**4.5 High**	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	2.8	Desirable/Low Risk : 0.5 - 3.0 Borderline/Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	
METHOD : CALCULATED PARAMETER			

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Interpretation(s)

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A.CAD with > 1 feature of high risk group
	B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/= 50mg/dl 8. Non stenotic carotid plaque

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GAMMA GLUTAMYL TRANSFERASE (GGT)	9	< 60	U/L
METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC - G-GLUTAMYL-CARBOXY-NITROANILIDE - IFCC			
LACTATE DEHYDROGENASE	141	< 232	U/L
METHOD : SPECTROPHOTOMETRY, LACTATE TO PYRUVATE - UV-IFCC			

BLOOD UREA NITROGEN (BUN), SERUM

Test	Results	Biological Reference Interval	Units
BLOOD UREA NITROGEN	11	6 - 20	mg/dL
METHOD : SPECTROPHOTOMETRY, UREASE -COLORIMETRIC			

CREATININE, SERUM

Test	Results	Biological Reference Interval	Units
CREATININE	1.12	0.90 - 1.30	mg/dL
METHOD : SPECTROPHOTOMETRY, JAFFE'S ALKALINE PICRATE KINETIC - RATE BLANKED - IFCC-IDMS STANDARIZED			

Dr. Deepak Sanghavi,M.D(Path)
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Tel : 9111591115, Fax : 022 - 67801212
CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005852871

MC-5718

agilus diagnostics

PATIENT NAME : MILIND ABAJI WAYAL **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138379	ACCESSION NO : **0065WL001827**	AGE/SEX : 35 Years Male
ARCOFEMI HEALTHCARE LTD (MEDIWHEEL	PATIENT ID : MILIM03078865	DRAWN :
F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI	CLIENT PATIENT ID:	RECEIVED : 23/12/2023 10:51:32
NEW DELHI 110030	ABHA NO :	REPORTED : 26/12/2023 12:32:55

BUN/CREAT RATIO

BUN/CREAT RATIO	9.60	8 - 15	

METHOD : CALCULATED PARAMETER

URIC ACID, SERUM

URIC ACID	4.4	3.4 - 7.0	mg/dL

METHOD : SPECTROPHOTOMETRY, ENZYMATIC COLORIMETRIC- URICASE

TOTAL PROTEIN, SERUM

TOTAL PROTEIN	7.2	6.0 - 8.0	g/dL

METHOD : SPECTROPHOTOMETRY, COLORIMETRIC -BIURET, REAGENT BLANK, SERUM BLANK

ALBUMIN, SERUM

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8800465156		

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units
ALBUMIN	**5.1 High**	3.97 - 4.94	g/dL
METHOD : SPECTROPHOTOMETRY, BROMOCRESOL GREEN(BCG) - DYE BINDING			
GLOBULIN			
GLOBULIN	2.1	2.0 - 3.5	g/dL
METHOD : CALCULATED PARAMETER			
ELECTROLYTES (NA/K/CL), SERUM			
SODIUM, SERUM	141	136 - 145	mmol/L
METHOD : ISE INDIRECT			
POTASSIUM, SERUM	4.10	3.5 - 5.1	mmol/L
METHOD : ISE INDIRECT			
CHLORIDE, SERUM	104	98 - 106	mmol/L
METHOD : ISE INDIRECT			

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Interpretation(s)

Sodium	Potassium	Chloride
Decreased in: CCF, cirrhosis, vomiting, diarrhea, excessive sweating, salt-losing nephropathy, adrenal insufficiency, nephrotic syndrome, water intoxication, SIADH. Drugs: thiazides, diuretics, ACE inhibitors, chlorpropamide, carbamazepine, anti depressants (SSRI), antipsychotics.	**Decreased in:** Low potassium intake, prolonged vomiting or diarrhea, RTA types I and II, hyperaldosteronism, Cushing's syndrome, osmotic diuresis (e.g., hyperglycemia), alkalosis, familial periodic paralysis, trauma (transient). Drugs: Adrenergic agents, diuretics.	**Decreased in:** Vomiting, diarrhea, renal failure combined with salt deprivation, over treatment with diuretics, chronic respiratory acidosis, diabetic ketoacidosis, excessive sweating, SIADH, salt-losing nephropathy, porphyria, expansion of extracellular fluid volume, adrenalinsufficiency, hyperaldosteronism, metabolic alkalosis. Drugs: chronic laxative, corticosteroids, diuretics

0

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Test Report Status **Preliminary**	**Results**	**Biological Reference Interval**	**Units**

PATIENT NAME : MILIND ABAJI WAYAL		REF. DOCTOR : SELF
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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

permeability or decreased lymphatic clearance,malnutrition and wasting etc
BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
CREATININE, SERUM-**Higher than normal level may be due to:**
• Blockage in the urinary tract, Kidney problems, such as kidney damage or failure, infection, or reduced blood flow, Loss of body fluid (dehydration), Muscle problems, such as breakdown of muscle fibers, Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)
Lower than normal level may be due to:• Myasthenia Gravis, Muscuophy
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis
TOTAL PROTEIN, SERUM-is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.
Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstroms disease.
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
ALBUMIN, SERUM-Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. **Low blood albumin levels (hypoalbuminemia) can be caused by:** Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc.

Dr. Deepak Sanghavi,M.D(Path)
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Patient Ref. No. 775000005852871

SCHILLER

Diagnostics Report

agilus diagnostics
Dr. Phadke Labs

Agilus Diagnostics LTD.
Plot No 88, Street No. 015,
MIDC, Andheri (E),
Mumbai 400 093
PHONE: 022-40159880/81
Website : www.srlworld.com

NAME:	MR. MILIND WAYAL
AGE/SEX:	35 YEARS / MALE
DATE:	23.12.2023

2D ECHOCARDIOGRAPHY REPORT

2D ECHOCARDIOGRAPHY

DIMENSIONS

M-MODE

AO Diameter	2.20 cm		
LA Diameter	3.20 cm		
IVSd	0.89 cm	IVSs	1.22 cm
LVIDd	3.80 cm	LVIDs	2.55 cm
LVPWd	1.15 cm	LVPWs	1.57 cm
EF	60.00 %		

MITRAL VALVE

E/A Ratio	1.64
E Velocity	0.92 m/s
A Velocity	0.56 m/s

AORTIC VALVE

Max PG	4.91 mmHg

PULMONARY VALVE

Max PG	5.20 mmHg

2D ECHOCARDIOGRAM

- LA and LV size Normal.
- No LVH.
- No Regional wall motion abnormality.
- Overall LVEF is 60%.
- RA, RV size and function normal.
- All valves normal structurally.
- No evidence of clot / vegetation / pericardial effusion.
- IAS / IVS are intact.
- Subcostal – IVC normal size and collapses on deep inspiration.
- Suprasternal – Normal ascending, arch and descending aorta.

COLOR DOPPLER

- Mitral valve flow : E/A ratio is normal.
- No significant LVOT gradient.

IMPRESSION:

- **Normal LV size and function.**
- **Normal Doppler study.**

This diagnostic test has its own limitations. Correlate clinically and interpret accordingly.

DR. JAYSHREE DASH
(MBBS, D.CARD)

Diagnostics Report

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Dr. Phadke Labs

Agilus Diagnostics LTD.
Plot No 88, Road no 15,
MIDC ESTATE, Andheri (E),
Mumbai 400 093.
PHONE: 022-40159880/81
Website : www.srlworld.com

NAME : MR. MILIND WAYAL

Date : 23.12.2023

SONOGRAPHY OF ABDOMEN & PELVIS

Liver: Liver is normal in size and echotexture. No focal lesion seen. Portal vein is normal.
Common bile duct is normal. Intrahepatic biliary radicles are normal.

Gall Bladder: Gall bladder is well distended. Wall is normal. No evidence of calculus.
No evidence of any pericholecystic collection.

Pancreas: Pancreas is normal in size and echotexture. No focal lesions. Pancreatic duct is normal.

Spleen: Spleen is normal in size and echotexture. Splenic vein is normal. No focal lesions.

Kidneys: The right kidney measures 9.1 cms, normal in size and echotexture. No focal lesions. No evidence of calculi. No evidence of any hydronephrosis. Cortico-medullary differentiation is normal.
The left kidney measures 10.2 cms, normal in size and echotexture. No focal lesions. No evidence of calculi.
No evidence of any hydronephrosis. Cortico-medullary differentiation is normal.

U.Bladder: Urinary bladder is well distended. No calculi. Wall is normal.

Prostate: The prostate appears normal in size and echotexture.
No focal lesion seen.

IMPRESSION: NO ABNORMALITY DETECTED.

DR. RAJESH NAYAK - D.M.R.E.
CONSULTANT RADIOLOGIST

Diagnostics Report

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Dr. Phadke Labs

Agilus Diagnostics LTD.
Plot No 88, Road no 15,
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NAME : MR. MILIND WAYAL

Date : 23.12.2023

X – RAY NO : A-8

X-RAY CHEST PA VIEW

- Both the lung fields are clear.
- Both costophrenic angles and cardiophrenic angles are clear.
- Both the hila are normal.
- Both the domes of diaphragm are normal.
- Cardiac size is normal.
- Visualized bony thorax is normal.

IMPRESSION : - NO ABNORMALITY DETECTED.

DR. RAJESH NAYAK – D.M.R.E.
CONSULTANT - RADIOLOGIST

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PATIENT NAME : MILIND ABAJI WAYAL **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0065WL001827** PATIENT ID : MILIM03078865 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 23/12/2023 10:51:32 REPORTED : 26/12/2023 12:32:55

Test Report Status **Preliminary**	**Results**	**Biological Reference Interval**	**Units**

CLINICAL PATH - URINALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

PHYSICAL EXAMINATION, URINE

COLOR	PALE YELLOW		
APPEARANCE	CLEAR		

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CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005852871

DIAGNOSTIC REPORT

MC-5718

agilus diagnostics

PATIENT NAME : MILIND ABAJI WAYAL **REF. DOCTOR :** SELF

CODE/NAME & ADDRESS : C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030	ACCESSION NO : **0065WL001827** PATIENT ID : MILIM03078865 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 23/12/2023 10:51:32 REPORTED : 26/12/2023 12:32:55

CHEMICAL EXAMINATION, URINE

PH	6.5	5.00 - 7.50	
SPECIFIC GRAVITY	**1.005 Low**	1.010 - 1.030	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NOT DETECTED		
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

METHOD : URINE ROUTINE & MICROSCOPY EXAMINATION BY INTEGRATED AUTOMATED SYSTEM

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Test Report Status <u>**Preliminary**</u>	**Results**	**Biological Reference Interval**	**Units**

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	**Conditions**
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infectionwhen present in significant numbers & with pus cells
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

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CODE/NAME & ADDRESS : C000138379	ACCESSION NO : **0065WL001827**	AGE/SEX : 35 Years Male
ARCOFEMI HEALTHCARE LTD (MEDIWHEEL	PATIENT ID : MILIM03078865	DRAWN :
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8800465156

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

CLINICAL PATH - STOOL ANALYSIS

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

THYROID PANEL, SERUM

Test	Results	Biological Reference Interval	Units
T3	95.6	80.0 - 200.0	ng/dL
T4	6.92	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	1.740	0.270 - 4.200	µIU/mL

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DIAGNOSTIC REPORT

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Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

XRAY-CHEST

IMPRESSION	NO ABNORMALITY DETECTED

ECG

ECG	WITHIN NORMAL LIMITS

MEDICAL HISTORY

RELEVANT PRESENT HISTORY	CVS 2ND DOSE.
RELEVANT PAST HISTORY	NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY	NOT SIGNIFICANT
RELEVANT FAMILY HISTORY	NOT SIGNIFICANT
HISTORY OF MEDICATIONS	NOT SIGNIFICANT

Dr.Rajesh Nayak
Consultant Radiologist

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agilus diagnostics

PATIENT NAME : MILIND ABAJI WAYAL		REF. DOCTOR : SELF
CODE/NAME & ADDRESS : C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030	ACCESSION NO : **0065WL001827** PATIENT ID : MILIM03078865 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 23/12/2023 10:51:32 REPORTED : 26/12/2023 12:32:55

ANTHROPOMETRIC DATA & BMI

HEIGHT IN METERS	1.78		mts
WEIGHT IN KGS.	65		Kgs
BMI	21	BMI & Weight Status as follows: Below 18.5: Underweight 18.5 - 24.9: Normal 25.0 - 29.9: Overweight 30.0 and Above: Obese	kg/sqmts

GENERAL EXAMINATION

MENTAL / EMOTIONAL STATE	NORMAL
PHYSICAL ATTITUDE	NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS	UNDERNOURISHED

Dr.Rajesh Nayak
Consultant Radiologist

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Agilus Diagnostics Ltd.
Plot No. 88, Road No. 15,Midc Estate,Andheri (East)
Mumbai, 400093
Maharashtra, India
Tel : 09152729959/9111591115, Fax :
CIN - U74899PB1995PLC045956

Patient Ref. No. 775000005852871

agilus diagnostics

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CODE/NAME & ADDRESS : C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	ACCESSION NO : **0065WL001827** PATIENT ID : MILIM03078865 CLIENT PATIENT ID: ABHA NO :	AGE/SEX : 35 Years Male DRAWN : RECEIVED : 23/12/2023 10:51:32 REPORTED : 26/12/2023 12:32:55

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BUILT / SKELETAL FRAMEWORK	AVERAGE		
FACIAL APPEARANCE	NORMAL		
SKIN	NORMAL		
UPPER LIMB	NORMAL		
LOWER LIMB	NORMAL		
NECK	NORMAL		
NECK LYMPHATICS / SALIVARY GLANDS	NOT ENLARGED OR TENDER		
THYROID GLAND	NOT ENLARGED		
CAROTID PULSATION	NORMAL		
TEMPERATURE	NORMAL		
PULSE	81/MIN, REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT		
RESPIRATORY RATE	NORMAL		

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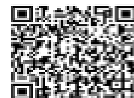
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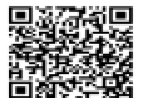
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CARDIOVASCULAR SYSTEM

BP	MM HG (SUPINE)	mm/Hg
PERICARDIUM	NORMAL	
APEX BEAT	NORMAL	
HEART SOUNDS	NORMAL	
MURMURS	ABSENT	

RESPIRATORY SYSTEM

SIZE AND SHAPE OF CHEST	NORMAL
MOVEMENTS OF CHEST	SYMMETRICAL
BREATH SOUNDS INTENSITY	NORMAL
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)
ADDED SOUNDS	ABSENT

8800465156

Test Report Status **Preliminary**	Results	Biological Reference Interval	Units

PER ABDOMEN

APPEARANCE	NORMAL
VENOUS PROMINENCE	ABSENT
LIVER	NOT PALPABLE
SPLEEN	NOT PALPABLE
HERNIA	ABSENT

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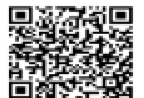
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CENTRAL NERVOUS SYSTEM

HIGHER FUNCTIONS	NORMAL
CRANIAL NERVES	NORMAL
CEREBELLAR FUNCTIONS	NORMAL
SENSORY SYSTEM	NORMAL
MOTOR SYSTEM	NORMAL
REFLEXES	NORMAL

MUSCULOSKELETAL SYSTEM

SPINE	NORMAL
JOINTS	NORMAL

BASIC EYE EXAMINATION

CONJUNCTIVA	NORMAL
EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITHOUT GLASSES	WITHIN NORMAL LIMIT (6/6)
DISTANT VISION LEFT EYE WITHOUT GLASSES	WITHIN NORMAL LIMIT (6/6)
NEAR VISION RIGHT EYE WITHOUT GLASSES	WITHIN NORMAL LIMIT (N/6)

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NEAR VISION LEFT EYE WITHOUT GLASSES	WITHIN NORMAL LIMIT (N/6)		
COLOUR VISION	OUT OF 17 NUMBERED PLATES 17		

BASIC ENT EXAMINATION

EXTERNAL EAR CANAL	NORMAL
TYMPANIC MEMBRANE	NORMAL
NOSE	NO ABNORMALITY DETECTED
SINUSES	NORMAL
THROAT	NO ABNORMALITY DETECTED
TONSILS	NOT ENLARGED

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NEW DELHI 110030	ABHA NO :	REPORTED : 26/12/2023 12:32:55

SUMMARY

RELEVANT HISTORY	CVS 2ND DOSE.
RELEVANT GP EXAMINATION FINDINGS	UNDERWEIGHT
RELEVANT LAB INVESTIGATIONS	LOW HDL CHOLESTEROL(39) RAISED LDL CHOLESTEROL(109) RAISED ALBUMIN (5.1)
RELEVANT NON PATHOLOGY DIAGNOSTICS	NO ABNORMALITIES DETECTED
REMARKS / RECOMMENDATIONS	ADV: FOOD SUPPLEMENTS. REDUCE FATTY AND PROCESSED FOOD IN DIET

8800465156

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MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE

ULTRASOUND ABDOMEN

ULTRASOUND ABDOMEN

NO ABNORMALITIES DETECTED

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TMT OR ECHO

CLINICAL PROFILE

2D ECHO DONE NORMAL

Interpretation(s)
MEDICAL
HISTORY-***
THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOLABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

****

****End Of Report****
Please visit www.agilusdiagnostics.com for related Test Information for this accession

8800465156

Test Report Status	**Preliminary**	**Results**	**Biological Reference Interval**	**Units**

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
   i. Specimen received is insufficient or inappropriate
   ii. Specimen quality is unsatisfactory
   iii. Incorrect specimen type
   iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

Agilus Diagnostics Limited
Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

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