

<b>Patient Name</b>	: Mr. Mayur Phatak	<b>Age/Gender</b>	: 38 Y/M
<b>UHID/MR No.</b>	: STAR.0000061479	<b>OP Visit No</b>	: STAROPV67492
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 17-02-2024 11:50
<b>LRN#</b>	: RAD2239867	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 638255908259		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology

Patient Name : Mr.MAYUR PHATAK  
Age/Gender : 38 Y 0 M 20 D/M  
UHID/MR No : STAR.0000061479  
Visit ID : STAROPV67492  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 638255908259

Collected : 17/Feb/2024 10:01AM  
Received : 17/Feb/2024 11:11AM  
Reported : 17/Feb/2024 01:10PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic

RBC : Normocytic normochromic

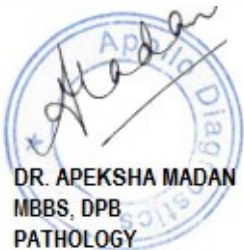
WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically



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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. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	15.3	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.80	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	90.7	fL	83-101	Calculated
MCH	29	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	12.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,880	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	07	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	5335.2	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3458</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	395.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	691.6	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.54		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	375000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>20</b>	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic

RBC : Normocytic normochromic

Page 2 of 12

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:BED240041292

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(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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**Address:**

156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

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


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically

  
DR. APEKSHA MADAN  
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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. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Patient Name : Mr.MAYUR PHATAK	Collected : 17/Feb/2024 12:38PM
Age/Gender : 38 Y 0 M 20 D/M	Received : 17/Feb/2024 01:39PM
UHID/MR No : STAR.0000061479	Reported : 17/Feb/2024 02:39PM
Visit ID : STAROPV67492	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

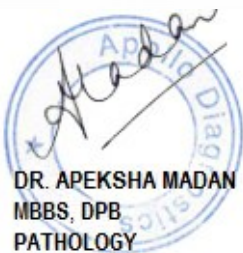
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	161	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY





Patient Name : Mr.MAYUR PHATAK	Collected : 17/Feb/2024 10:01AM
Age/Gender : 38 Y 0 M 20 D/M	Received : 17/Feb/2024 05:06PM
UHID/MR No : STAR.0000061479	Reported : 17/Feb/2024 06:34PM
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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. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>5.8</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**Dr.Sandip Kumar Banerjee**  
M.B.B.S.,M.D(PATHOLOGY),D.P.B  
Consultant Pathologist

SIN No:EDT240018224



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**DEPARTMENT OF BIOCHEMISTRY**

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

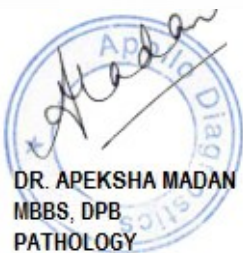
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>220</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	92	mg/dL	<150	
HDL CHOLESTEROL	<b>34</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>186</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>167.6</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	18.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>6.47</b>		0-4.97	Calculated

**Comment:**

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

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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MBBS, DPB  
PATHOLOGY



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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. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	89.00	U/L	32-111	IFCC
PROTEIN, TOTAL	<b>8.40</b>	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

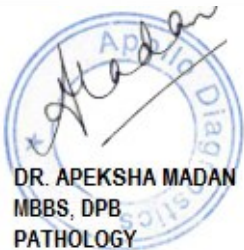
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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



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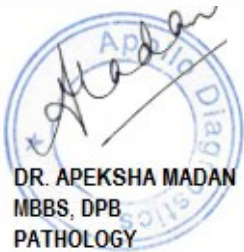
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.86	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	27.20	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	12.7	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.10</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	10.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	<b>4.50</b>	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	5.0	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>95</b>	mmol/L	98-107	Direct ISE



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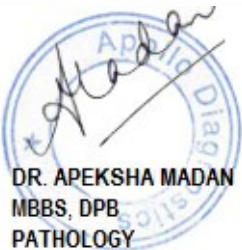
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	43.00	U/L	16-73	Glycylglycine Kinetic method

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Visit ID : STAROPV67492	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 638255908259	

**DEPARTMENT OF IMMUNOLOGY**

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


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.05	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.88	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.580	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

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

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



**DR. APEKSHA MADAN**  
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156, Famous Cine Labs, Behind Everest Building, Tardeo (Mumbai Central), Mumbai, Maharashtra  
Ph: 022 4332 4500

Patient Name : Mr.MAYUR PHATAK	Collected : 17/Feb/2024 10:01AM
Age/Gender : 38 Y 0 M 20 D/M	Received : 17/Feb/2024 01:42PM
UHID/MR No : STAR.0000061479	Reported : 17/Feb/2024 03:44PM
Visit ID : STAROPV67492	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 638255908259	

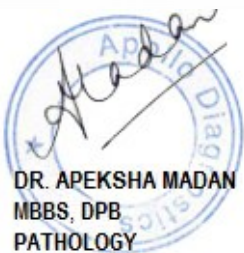
**DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY HAZY		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	POSITIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	Occasional	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	Calcium Oxalate Present (++)		ABSENT	MICROSCOPY

\*\*\* End Of Report \*\*\*

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**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:UR2285326

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**

156, Famous Cine Labs, Behind Everest Building,  
Tardeo (Mumbai Central), Mumbai, Maharashtra  
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