



: Mr.KIRAN DAUNDKAR

Age/Gender

: 33 Y 11 M 8 D/M

UHID/MR No

: SPUN.0000048709

Visit ID

: SPUNOPV65632

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID : 95865

Collected

: 31/Jul/2024 10:17AM

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: 31/Jul/2024 01:22PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	14.4	g/dL	13-17	Spectrophotometer
PCV	43.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.72	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	13.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,370	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	50.6	%	40-80	Electrical Impedance
LYMPHOCYTES	34.3	%	20-40	Electrical Impedance
EOSINOPHILS	9	%	1-6	Electrical Impedance
MONOCYTES	5.7	%	2-10	Electrical Impedance
BASOPHILS	0.4	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3729.22	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2527.91	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	663.3	Cells/cu.mm	20-500	Calculated
MONOCYTES	420.09	Cells/cu.mm	200-1000	Calculated
BASOPHILS	29.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.48		0.78- 3.53	Calculated
PLATELET COUNT	257000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	4	mm at the end of 1 hour	0-15	Modified Westergrer
PERIPHERAL SMEAR				

**RBC's are Normocytic Normochromic** 

WBC's Eosinophilia

Platelets are Adequate

No hemoparasite seen.

Page 1 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:BED240200672

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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## **DEPARTMENT OF HAEMATOLOGY**

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

Dr Sneha Shah MBBS, 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. Range	Method
BLOOD GROUP ABO AND RH FAC	TOR , WHOLE BLOOD EDT	A	·	
BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Page 3 of 15



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: ARCOFEMI HEALTHCARE LIMITED

### **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	130	mg/dL	70-100	HEXOKINASE

#### **Comment:**

### As per American Diabetes Guidelines, 2023

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

### Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	203	mg/dL	70-140	HEXOKINASE

## **Comment:**

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

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

Page 4 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:PLP1478794

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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
HBA1C (GLYCATED HEMOGLOBIN), WE	IOLE BLOOD EDTA	'		<u>'</u>
HBA1C, GLYCATED HEMOGLOBIN	7.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	160	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)

Page 5 of 15



DR.Sanjay Ingle M.B.B.S,M.D(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. Range	Method
LIPID PROFILE, SERUM				
TOTAL CHOLESTEROL	204	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	42	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	162	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.36	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.81		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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 can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Page 6 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:SE04797262

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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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.86	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	71.1	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	44.8	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.6		<1.15	Calculated
ALKALINE PHOSPHATASE	66.41	U/L	30-120	IFCC
PROTEIN, TOTAL	6.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		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 \*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.

Page 7 of 15



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

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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
RENAL PROFILE/KIDNEY FUNCTION	TEST (RFT/KFT), SEF	RUM		
CREATININE	0.86	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	19.95	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.33	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.45	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.72	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.48	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.1	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	104.64	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.87	g/dL	6.6-8.3	Biuret
ALBUMIN	4.24	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.63	g/dL	2.0-3.5	Calculated
A/G RATIO	1.61		0.9-2.0	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	41.53	U/L	<55	IFCC
TRANSPEPTIDASE (GGT), SERUM				

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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. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) ,	SERUM			·
TRI-IODOTHYRONINE (T3, TOTAL)	1.12	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.31	μg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.166	μIU/mL	0.34-5.60	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	<b>T3</b>	<b>T4</b>	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

Page 11 of 15



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### **DEPARTMENT OF IMMUNOLOGY**

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
THEIL	LUZII	1 11211	LIELI	

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UHID/MR No

: SPUN.0000048709

Visit ID Ref Doctor : SPUNOPV65632

Emp/Auth/TPA ID

: Dr.SELF : 95865 Collected

: 31/Jul/2024 10:17AM

Received

: 31/Jul/2024 12:09PM

Reported

: 31/Jul/2024 12:52PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

### **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (C	<b>UE)</b> , URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Physical measuremen
TRANSPARENCY	CLEAR		CLEAR	Physical measuremen
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE NORM			NEGATIVE	GOD-POD
URINE BILIRUBIN NEGATIVE			NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MO	OUNT AND MICROSCOP	Ϋ́		
PUS CELLS 2 - 3		/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image Based Microscopy
RBC 0		/hpf	0-2	Automated Image based microscopy
CASTS NEGATIVE		/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based 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.

Page 13 of 15



MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2397166

Dr Sneha Shah

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off: 1-10-62/62,5th Floor, Ashoka RaghupathiChambers,

Begumpet, Hyderabad, Telangana - 500016



: Mr.KIRAN DAUNDKAR

Age/Gender UHID/MR No : 33 Y 11 M 8 D/M : SPUN.0000048709

Visit ID

: SPUNOPV65632

Ref Doctor

: Dr.SELF

: 95865 Emp/Auth/TPA ID

Collected

: 31/Jul/2024 10:17AM

Received

: 31/Jul/2024 12:09PM

Reported Status

: 31/Jul/2024 12:52PM

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UR2397166

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab Apollo Speciality Hospitals Private Limited

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Regd Off:1-10-62/62,5th Floor, Ashoka RaghupathiChambers,

Begumpet, Hyderabad, Telangana - 500016

Address: P.No.9 & 10a, S.NO.2/64, Renata Chambers, Saras Baug Road, Vijayanagar Colony, Opp. Sanas Play Ground, Sadashiv Peth, Pune, Maharashtra

Page 14 of 15



: Mr.KIRAN DAUNDKAR

Age/Gender UHID/MR No : 33 Y 11 M 8 D/M : SPUN.0000048709

Visit ID

: SPUNOPV65632

Ref Doctor

: Dr.SELF

: 95865 Emp/Auth/TPA ID

Collected

: 31/Jul/2024 10:17AM

Received

: 31/Jul/2024 12:09PM

Reported

: 31/Jul/2024 12:51PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

## **DEPARTMENT OF CLINICAL PATHOLOGY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +		NEGATIVE	Dipstick
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Page 15 of 15



Dr Sneha Shah MBBS, MD (Pathology) Consultant Pathologist

SIN No:UF011986

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab Apollo Speciality Hospitals Private Limited

(Formely known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

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