


| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 11:39AM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 01:20PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

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 | 14.3 | g/dL | 13-17 | Spectrophotometer |
| PCV | 42.90 | % | 40-50 | Electronic pulse & Calculation |
| RBC COUNT | 5.61 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 76.5 | fL | 83-101 | Calculated |
| MCH | 25.5 | pg | 27-32 | Calculated |
| MCHC | 33.4 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 14.9 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,810 | cells/cu.mm | 4000-10000 | Electrical Impedence |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 59.8 | % | 40-80 | Electrical Impedence |
| LYMPHOCYTES | 30.6 | % | 20-40 | Electrical Impedence |
| EOSINOPHILS | 3.6 | % | 1-6 | Electrical Impedence |
| MONOCYTES | 5.9 | % | 2-10 | Electrical Impedence |
| BASOPHILS | 0.1 | % | <1-2 | Electrical Impedence |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4072.38 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2083.86 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 245.16 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 401.79 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 6.81 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.95 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 194000 | cells/cu.mm | 150000-410000 | Electrical impedence |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 10 | mm/hour | 0-15 | Capillary photometry |
| PERIPHERAL SMEAR | | | | |


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| Emp/Auth/TPA ID : 22E35678 | |

DEPARTMENT OF HAEMATOLOGY

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


RBCs: are normocytic hypochromic with few microcytes seen.

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC HYPOCHROMIC BLOOD PICTURE


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| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 02:15PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
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| Emp/Auth/TPA ID : 22E35678 | |

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 | O | | | Microplate Hemagglutination |
| Rh TYPE | Positive | | | Microplate Hemagglutination |



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AND LIFESTYLE LIMITED- RRL BANGALORE



| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 12:14PM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 12:44PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : 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. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 97 | mg/dL | 70-100 | HEXOKINASE |

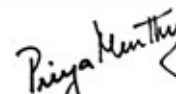
Comment:

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.


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| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 12:29PM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 01:42PM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 03:29PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

DEPARTMENT OF BIOCHEMISTRY

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

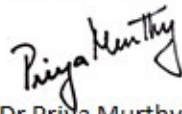
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|------------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 75 | mg/dL | 70-140 | HEXOKINASE |

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.



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No:IRA241003014

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(CIN - U061107C2009PLG115819)
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|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 11:59AM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 12:19PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

DEPARTMENT OF BIOCHEMISTRY

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 | 6.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 131 | 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

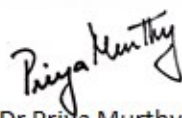
A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No: IRA241002951

Apollo Health and Lifestyle Limited

(CIN - U061107C2000PHG115849)

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory,
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Karnataka- 560034

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| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 11:25AM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 12:16PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : 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

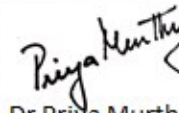
| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 231 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 107 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 42 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 189 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 167.2 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 21.4 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.49 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.05 | | <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 |


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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
 SIN No: IRA241002947

Apollo Health and Lifestyle Limited

(CIN - U061107C2800PH6115819)
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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 | | | | |
| BILIRUBIN, TOTAL | 0.42 | mg/dL | 0.3-1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.05 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.37 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 49 | U/L | <50 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/L | <50 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 0.6 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 84.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.38 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.38 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.46 | | 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:

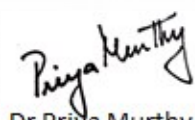
*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In 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 Patten:*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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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE
SIN No:IRA241002947

Apollo Health and Lifestyle Limited (CIN - U06110TC2800PH6115849)
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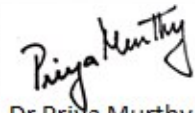
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|--------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 1.05 | mg/dL | 0.84 - 1.25 | Modified Jaffe, Kinetic |
| UREA | 25.40 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 11.9 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 6.84 | mg/dL | 3.5-7.2 | Uricase PAP |
| CALCIUM | 9.90 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 3.46 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 139 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 5.0 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 106 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.38 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.38 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.00 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.46 | | 0.9-2.0 | Calculated |


Dr. Govinda Raju N L
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 Consultant Biochemistry


Dr. Priya Murthy
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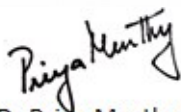
APOLLO CLINICS NETWORK
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| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 11:25AM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 12:11PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|------|--------------------|--------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 23.00 | U/L | <55 | IFCC |



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| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 11:24AM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 12:20PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

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, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 1 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10.8 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.229 | µIU/mL | 0.34-5.60 | CLIA |

Comment:

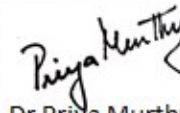
| | |
|-----------------------------|--|
| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 – 3.0 |
| Third trimester | 0.3 – 3.0 |

- 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 |

Page 11 of 14


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| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
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| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

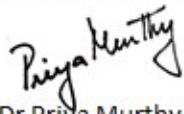
DEPARTMENT OF IMMUNOLOGY

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

| | | | | |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|



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| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 01:08PM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 01:43PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |


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 | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW | Visual |
| TRANSPARENCY | CLEAR | | CLEAR | Physical Measurement |
| pH | 6.5 | | 5-7.5 | Double Indicator |
| SP. GRAVITY | 1.005 | | 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 | Modified Ehrlich Reaction |
| NITRITE | NEGATIVE | | NEGATIVE | Diazotization |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Leucocyte Esterase |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 2-3 | /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 |

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.


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 Consultant Pathologist


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 Consultant Pathologist



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| | |
|-----------------------------------|--|
| Patient Name : Mr.RAIHANOOR EHSAN | Collected : 17/Oct/2024 09:09AM |
| Age/Gender : 36 Y 2 M 1 D/M | Received : 17/Oct/2024 01:08PM |
| UHID/MR No : CIND.0000172470 | Reported : 17/Oct/2024 02:06PM |
| Visit ID : CINDOPV242927 | Status : Final Report |
| Ref Doctor : Self | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 22E35678 | |

DEPARTMENT OF CLINICAL PATHOLOGY


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

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE | | NEGATIVE | Dipstick |

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------|----------|------|--------------------|----------|
| URINE GLUCOSE(FASTING) | NEGATIVE | | NEGATIVE | Dipstick |

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



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THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH

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Patient Name : Mr.RAIHANOOR EHSAN
Age/Gender : 36 Y 2 M 1 D/M
UHID/MR No : CIND.0000172470
Visit ID : CINDOPV242927
Ref Doctor : Self
Emp/Auth/TPA ID : 22E35678

Collected : 17/Oct/2024 09:09AM
Received : 17/Oct/2024 01:08PM
Reported : 17/Oct/2024 02:06PM
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 understand reporting 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.



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| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mr. Raihanoor Ehsan | Age | : 36Yrs 2Mths 2Days |
| UHID | : CIND.0000172470 | OP Visit No. | : CINDOPV242927 |
| Printed On | : 17-10-2024 11:15 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
| Employer Id | : 22E35678 | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

LIVER: Appears normal in size, **shape and shows mild diffusely increased echogenicity.** No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

SPLEEN: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However, the visualized portion appear normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi on either side.

Left kidney shows moderate hydronephrosis noted.

URINARY BLADDER: Distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

No free fluid or lymphadenopathy is seen.

IMPRESSION:

1. GRADE I FATTY LIVER.

2. LEFT RENAL MODERATE HYDRONEPHROSIS, ? PUJ OBSTRUCTION.

---End Of The Report---



Dr.DHANALAKSHMI B
MBBS, DMRD
29543
Radiology

| | | | |
|--------------|-----------------------|---------------------|---------------------|
| Patient Name | : Mr. Raihanoor Ehsan | Age | : 36Yrs 2Mths 2Days |
| UHID | : CIND.0000172470 | OP Visit No. | : CINDOPV242927 |
| Printed On | : 17-10-2024 11:54 AM | Advised/Pres Doctor | : -- |
| Department | : Radiology | Qualification | : -- |
| Referred By | : Self | Registration No. | : -- |
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DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

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

For clinical correlation.

---End Of The Report---



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