

Patient Name	: Mr. SATENDRA KUMAR	Age/Gender	: 38 Y/M
UHID/MR No.	: SKAN.0000126502	OP Visit No	: SKANOPV147587
Sample Collected on	: 10-06-2023 11:10	Reported on	: 11-06-2023 11:10
LRN#	: LAB12956413	Specimen	: Serum(Spl)
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: SK116163		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)			
TOTAL T3: TRI IODOTHYRONINE - SERUM Method: CLIA	1.04	0.6 - 1.81 ng/mL	ng/mL
TOTAL T4: THYROXINE - SERUM Method: CLIA	8.39	3.2 - 12.6	µg/dL
TSH: THYROID STIMULATING HORMONE - SERUM Method: CLIA	4.05	0.35 - 5.5	µIU/mL
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c, GLYCATED HEMOGLOBIN Method: HPLC	5.7*	<=5.6: Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose) Method: Calculated	116.89		mg/dL

---End Of Report---

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Sample Collected on	: 10-06-2023 11:10	Reported on	: 10-06-2023 16:13
LRN#	: LAB12956413	Specimen	: Serum
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: SK116163		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GAMMA GLUTAMYL TRANSFERASE (GGT)			
GAMMA GT Method: Kinetic Photometric	25	< 55	U/L
RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)			
CREATININE - SERUM / PLASMA Method: Jaffe's Kinetic	0.9	0.7 - 1.3	mg/dl
URIC ACID - SERUM Method: Modified Uricase	5.6	3.5 - 7.2	mg/dl
UREA - SERUM/PLASMA Method: Urease with indicator dye	34	Male: 19 - 43	mg/dl
CALCIUM Method: O-Cresolphthalein complexone	8.40*	8.5 - 10.1	mg/dl
BUN Method: Urease with indicator dye	15.85	9-20	mg/dl
ELECTROLYTES (Na) Method: ISE-Direct	137	135 - 145	meq/L
ELECTROLYTES (K) Method: ISE-Direct	4.0	3.5 - 5.1	meq/L
GLUCOSE, FASTING			
FASTING SUGAR Method: GOD-PAP	92	70 - 110	mg/dl
GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)			
GLUCOSE - SERUM / PLASMA (POST PRANDIAL) Method: Glucose Oxidase-Peroxidase	113	70 - 140	mg/dl
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL Method: Azobilirubin/dyphylline	1.29	0.2 - 1.3	mg/dL
BILIRUBIN (DIRECT) Method: Dual Wavelength Spectrophotometric	0.48	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
BILIRUBIN UNCONJUGATED(INDIRECT) Method: Dual Wavelength Spectrophotometric	0.81	0.0 - 1.1	mg/dL
ALBUMIN Method: Bromocresol Green dye binding	4.4	3.0 - 5.0	g/dL
PROTEIN TOTAL Method: Biuret Reaction	7.9	6.0 - 8.2	g/dL
AST (SGOT) Method: Kinetic (Leuco dye) with P 5 P	36	14 - 36	U/L
GLOBULIN Method: Calculation	3.5	2.8 - 4.5	g/dL
ALT(SGPT)	71*	9 - 52	U/L
LIPID PROFILE			
CHOLESTEROL Method: CHOD-End Point POD (Enzymatic)	184	<200 - Desirable 200-239 - Borderline High >=240 - High	mg/dL
HDL Method: Direct Measure PEG	56	<40 - Low >=60 - High	mg/dL
LDL	98	< 100 - Optimal	

Patient Name : Mr. SATENDRA KUMAR

Age/Gender : 38 Y/M

Method: Calculation Friedewald's Formula

TRIGLYCERIDES

Method: Enzymatic GPO/POD/End Point

150

100-129 - Near Optimal & Above Optimal

Normal : <150

Border High : 150 - 199

High : 200 - 499

Very High : \geq 500

Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.

mg/dl

VLDL

Method: Calculated

30

10-40

mg/dL

---End Of Report---

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UHID/MR No.	: SKAN.0000126502	OP Visit No	: SKANOPV147587
Sample Collected on	: 10-06-2023 11:10	Reported on	: 10-06-2023 14:39
LRN#	: LAB12956413	Specimen	: Urine
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: SK116163		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
COMPLETE URINE EXAMINATION			
Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Traces	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	6.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	1-2	2-3	/hpf
RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

---End Of Report---

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Age/Gender : 38 Y/M

UHID/MR No. : SKAN.0000126502

OP Visit No : SKANOPV147587

Sample Collected on : 10-06-2023 11:10

Reported on : 10-06-2023 14:38

LRN# : LAB12956413

Specimen : Blood(EDTA)

Ref Doctor : SELF

Emp/Auth/TPA ID : SK116163

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology : Microscopic
RBC : Normocytic Normochromic
WBC : with in normal limit.DLC is as mentioned.
Platelets : Adequate in Number
Parasites : No Haemoparasites seen
Note/Comment : Please Correlate clinically

---End Of Report---

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UHID/MR No.	: SKAN.0000126502	OP Visit No	: SKANOPV147587
Sample Collected on	: 10-06-2023 11:10	Reported on	: 10-06-2023 14:36
LRN#	: LAB12956413	Specimen	: Blood(EDTA)
Ref Doctor	: SELF		
Package Name	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324		
Emp/Auth/TPA ID	: SK116163		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
HEMOGRAM + PERIPHERAL SMEAR			
Hemoglobin Method: Cyanide Photometric	13.8	13 - 17	g/dL
RBC Count Method: Electrical Impedance	4.36*	4.5 - 5.5	millions/cu mm
Haematocrit Method: Calculated	41.9	40 - 50	%
MCV Method: Calculated	96.1	83 - 101	fl
MCH Method: Calculated	31.7	27 - 32	pg
MCHC Method: Calculated	32.9	31.5 - 34.5	g/dl
RDW	12.8	11.6 - 14	%
Platelet Count Method: Electrical Impedance	1.97	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	8000	4000 - 11000	cells/cumm
Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology)			
Neutrophils	58	40 - 80	%
Lymphocytes	38	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method.	10	0 - 14	mm/hr

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BLOOD GROUP ABO AND RH FACTOR			
ABO Method: Microplate Hemagglutination	A		
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE		

---End Of Report---

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UHID/MR No.	: SKAN.0000126502	OP Visit No	: SKANOPV147587
Sample Collected on	:	Reported on	: 10-06-2023 11:24
LRN#	: RAD2019129	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: SK116163		

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

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size and **mild fatty liver**. No focal lesion is seen. PV and CBD normal.
No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal.
No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification.
No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No hydronephrosis seen on either side. **Right kidney upper pole calculus 7.4 mm.**

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality.

Prostate is normal in size and echo texture.No evidence of necrosis/calcification seen.

IMPRESSION:-

Mild fatty liver.
Right renal calculus
Suggest – clinical correlation.

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(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. DUSHYANT KUMAR VARSHNEY
MD, DNB
Radiology