Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:22AM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 05:02PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:BED240227776

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:22AM
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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. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.4	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	47.70	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	**5.83**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	**81.8**	fL	83-101	Calculated
MCH	**26.4**	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	**14.9**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,580	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	42.2	%	40-80	Electrical Impedance
LYMPHOCYTES	**49.2**	%	20-40	Electrical Impedance
EOSINOPHILS	**0.5**	%	1-6	Electrical Impedance
MONOCYTES	6.4	%	2-10	Electrical Impedance
BASOPHILS	1.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	**1932.76**	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2253.36	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	22.9	Cells/cu.mm	20-500	Calculated
MONOCYTES	293.12	Cells/cu.mm	200-1000	Calculated
BASOPHILS	77.86	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	0.86		0.78- 3.53	Calculated
PLATELET COUNT	260000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	11	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC.

TLC WITHIN NORMAL LIMIT. LYMPHOCYTES MILDLY INCREASED. NO IMMATURE CELLS ARE SEEN. PLATELETS ARE ADEQUATE.

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:BED240227776

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:22AM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 05:02PM
Visit ID	: SCHIOPV36547	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

Dr. SHWETA GUPTA
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SIN No:BED240227776

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:22AM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 05:02PM
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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. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Dr. SHWETA GUPTA
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SIN No:BED240227776

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Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:21AM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 12:11PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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*	89	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:

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.

Dr. SHWETA GUPTA
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SIN No:PLF02207135

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 01:02PM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 04:31PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 04:50PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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)*	84	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. SHWETA GUPTA
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SIN No:PLP1485621

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 12:51PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 01:33PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	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)

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:EDT240090537

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:20AM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 03:11PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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	180	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	114	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	41	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	**139**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**116.2**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.39		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.08		<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.

Dr. SHWETA GUPTA
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Consultant Pathology

SIN No:SE04824804

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 11:20AM
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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	0.70	mg/dL	0.20-1.30	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	34	U/L	<50	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	61.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.05**		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 > 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.

Dr. SHWETA GUPTA
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Consultant Pathology

SIN No:SE04824804

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
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DEPARTMENT OF BIOCHEMISTRY

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

Dr. SHWETA GUPTA
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SIN No:SE04824804

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
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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	0.80	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	**12.10**	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	**5.6**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.20	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.5-4.5	PMA Phenol
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	5.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	6.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.50	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	**2.05**		0.9-2.0	Calculated

Dr. SHWETA GUPTA
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SIN No:SE04824804

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Ph No: 040-4904 7777 | www.apollohl.com I Email ID:enquiry@apollohl.com

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
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Visit ID	: SCHIOPV36547	Status	: Final Report
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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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	19.00	U/L	15-73	Glyclyclycine Nitoranalide

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SIN No:SE04824804

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 01:01PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 02:33PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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)	1.12	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.41	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.300	µIU/mL	0.38-5.33	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	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

Dr Nidhi Sachdev
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Consultant Pathologist

SIN No:SPL24139479

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 01:01PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 02:33PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

DEPARTMENT OF IMMUNOLOGY

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

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist

SIN No:SPL24139479

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 06:22PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 07:13PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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	6.0		5-7.5	Double Indicator
SP. GRAVITY	1.030		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	Modifed Ehrlich Reaction
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Leucocyte Esterase
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	Microscopy
RBC	ABSENT	/hpf	0-2	Microscopy
CASTS	ABSENT		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.

Dr. SHWETA GUPTA
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SIN No:UR2412114

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 06:22PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 07:13PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

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 *****

Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UF012100

Patient Name	: Mr.KUNAL SINGH	Collected	: 14/Sep/2024 10:40AM
Age/Gender	: 35 Y 10 M 15 D/M	Received	: 14/Sep/2024 06:22PM
UHID/MR No	: SCHI.0000023913	Reported	: 14/Sep/2024 07:13PM
Visit ID	: SCHIOPV36547	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: DGDSGS		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
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.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

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