

Patient Name : Mr.HIMANSHU AGRAWAL	Collected : 25/Mar/2023 11:45AM
Age/Gender : 33 Y 6 M 17 D/M	Received : 25/Mar/2023 12:37PM
UHID/MR No : SKAR.0000095853	Reported : 25/Mar/2023 12:50PM
Visit ID : SKAROPV119936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 212145	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Normal peripheral smear study
Advice	Clinical correlation



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14.3	g/dL	13-17	Spectrophotometer
PCV	43.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.2	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	84.0	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.8	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,500	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	34	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	4500	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2550	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	150	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	300	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	251000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	05	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	B			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name : Mr.HIMANSHU AGRAWAL	Collected : 25/Mar/2023 02:32PM
Age/Gender : 33 Y 6 M 17 D/M	Received : 25/Mar/2023 04:00PM
UHID/MR No : SKAR.0000095853	Reported : 25/Mar/2023 04:33PM
Visit ID : SKAROPV119936	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 212145	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

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

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	100	mg/dL	70-140	GOD - POD
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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.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mr.HIMANSHU AGRAWAL	Collected : 25/Mar/2023 11:44AM
Age/Gender : 33 Y 6 M 17 D/M	Received : 25/Mar/2023 08:54PM
UHID/MR No : SKAR.0000095853	Reported : 25/Mar/2023 09:30PM
Visit ID : SKAROPV119936	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 - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING 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. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. 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. Fructosamine may be used as an alternate measurement of glycemic control



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Collected : 25/Mar/2023 11:44AM
 Received : 25/Mar/2023 01:47PM
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 Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	168	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	116	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	45	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	123	mg/dL	<130	Calculated
LDL CHOLESTEROL	99.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	23.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.73		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 can show physiological and analytical variations.

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.30	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	45	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	27.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	100.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.80	g/dL	6.3-8.2	Biuret
ALBUMIN	5.00	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.80	g/dL	2.0-3.5	Calculated
A/G RATIO	1.79		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.72	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	19.70	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	9.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.70	mg/dL	3.5-8.5	Uricase
CALCIUM	9.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	2.30	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.8	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	39.00	U/L	15-73	Glycylglycine Nitoranalide



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Emp/Auth/TPA ID	: 212145

Collected	: 25/Mar/2023 11:44AM
Received	: 25/Mar/2023 08:54PM
Reported	: 25/Mar/2023 10:42PM
Status	: Final Report
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.29	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	12.82	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	2.790	µIU/mL	0.34-5.60	CLIA

Kindly correlate clinically

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

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



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Reported : 25/Mar/2023 12:40PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

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	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

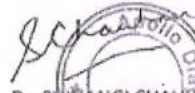
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

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

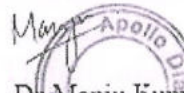
*** End Of Report ***



Dr. Tanish Mandal
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Dr. SHIVANGI CHAUHAN
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Consultant Pathologist



Dr. Manju Kumari
M.B.B.S, MD(Pathology)
Consultant Pathologist.



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NAME: HIMANSHU AGRAWAL
REF. BY: HEALTH CHECK UP
DATE: 25.3.2023

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AGE 33Y /SEX/M
UHID: SKAR0000095853
S. NO: 12144

X-RAY CHEST PA

Lung fields and costophrenic angles are clear.

No definite pleural or parenchymal pathology seen.

Bony thorax, heart and mediastinum appear normal.

Please correlate clinically.


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: It is only a professional opinion. Kindly correlate clinically.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Apollo Spectra Hospitals
66A/2, New Rohtak Road, Karol Bagh,
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Ph.: 011-49407700, 8448702877
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#7-1-617/A, 615 & 616 Imperial Towers,
7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038. Telangana.

Mr Himanshu
Date: 25.3.2023

Age: 33 Y/ Sex: M

ULTRASOUND WHOLE ABDOMEN

Liver is enlarged in size measuring 16.5cm with diffuse increase in echogenicity s/o Mild hepatomegaly with Grade I fatty infiltration. No focal lesion seen in the liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.
CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Prostate is normal in size and shape. No focal lesion is seen.

Please correlate clinically


DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

This report is only a professional opinion and it is not valid for medico-legal purposes.

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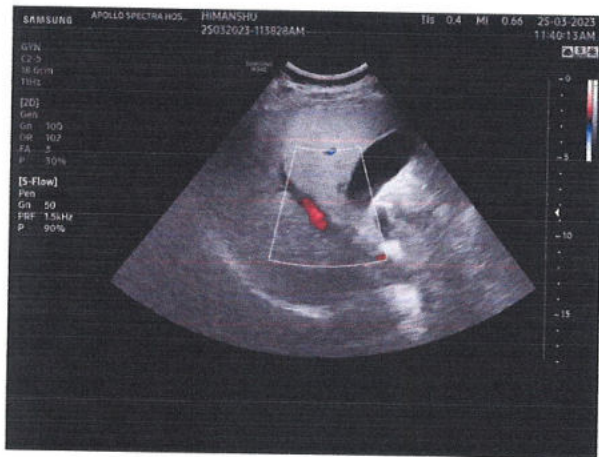
Patient

ID
Name
Birth Date
Gender

25032023-113828AM
HIMANSHU

Exam

Accession #
Exam Date
Description
Operator



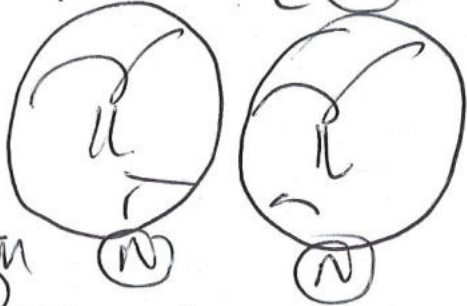
Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-49407700, 8448702877

Himanshu Agarwal
M 33 years

Imp: ENT @ AD
R L Normal



TM
Rinne
Weber (→)

Chest: clear

Adh
No medication

Sanjiv
25.3.2023

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Vent. rate 75 bpm
 PR interval 144 ms
 QRS duration 76 ms
 QT/QTc 334/372 ms
 P-R-T axes 54 64 65

Normal sinus rhythm
 Anterior infarct, age undetermined
 Abnormal ECG

EP-130/80
 BMV-20.7

Technician:
 Test ind:

Referred by:

Unconfirmed

