

Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:43PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC. ANISOCYTOSIS+  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE ON SMEAR.  
NO HEMOPARASITES SEEN.



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	14.9	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.43</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	<b>33.7</b>	pg	27-32	Calculated
MCHC	<b>36</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	04	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3696	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2310	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	264	Cells/cu.mm	20-500	Calculated
MONOCYTES	330	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	267000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>17</b>	mm at the end of 1 hour	0-15	Modified Westergren

**PERIPHERAL SMEAR**

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UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 02:09PM
Visit ID : RINDOPV5754	Status : Final Report
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

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**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



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 03:20PM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:36PM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 04:05PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>158</b>	mg/dL	70-100	GOD - POD
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Kindly correlate clinically

**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:**

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>243</b>	mg/dL	70-140	GOD - POD
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Kindly correlate clinically.

**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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Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:00PM
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Visit ID : RINDOPV5754	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA**

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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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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**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>347</b>	mg/dL	<150	
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	51.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>69.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	61.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.6</b>		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.
- Bilirubin may be elevated.
- 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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



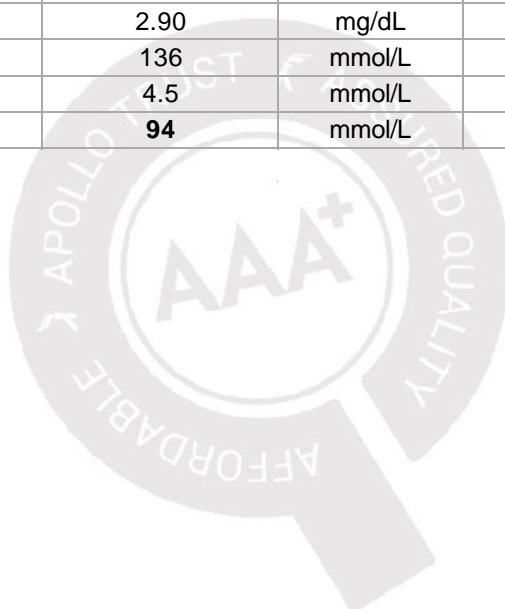
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	<b>0.20</b>	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	9.0-20.0	Urease
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	10.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>94</b>	mmol/L	98-107	Direct ISE





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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	24.00	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 06:03PM
Visit ID : RINDOPV5754	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	<b>0.58</b>	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.450	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.110	ng/mL	0-4	CLIA



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:56AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		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	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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

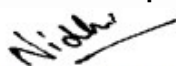
\*\*\* End Of Report \*\*\*



DR. PARWIN AHMED  
M.B.B.S,D.C.P  
Consultant Pathologist



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



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





Height: 161 cm	Weight 63.5 kg	BMI: 24.5 kg/m <sup>2</sup>	Waist Circum: _____
Temp: 98° F	Pulse 86	Resp: 24	B.P: 130/80 mmHg

General Examination/Allergies  
History

Clinical Diagnosis & Management Plan

*Hyperglycaemia  
HbA1c ↑*

*Consult insup*

Follow up date

Doctor Signature

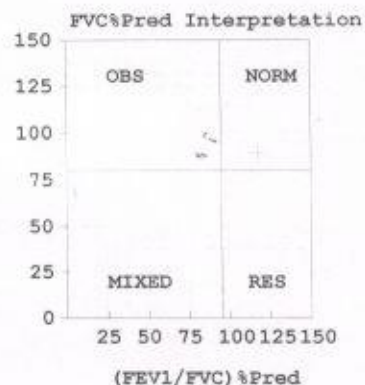
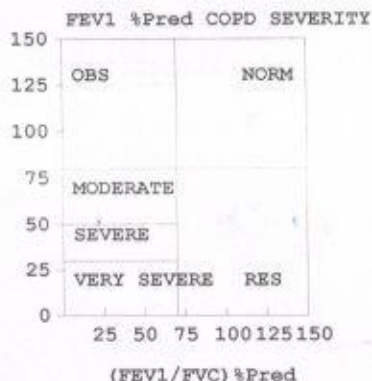
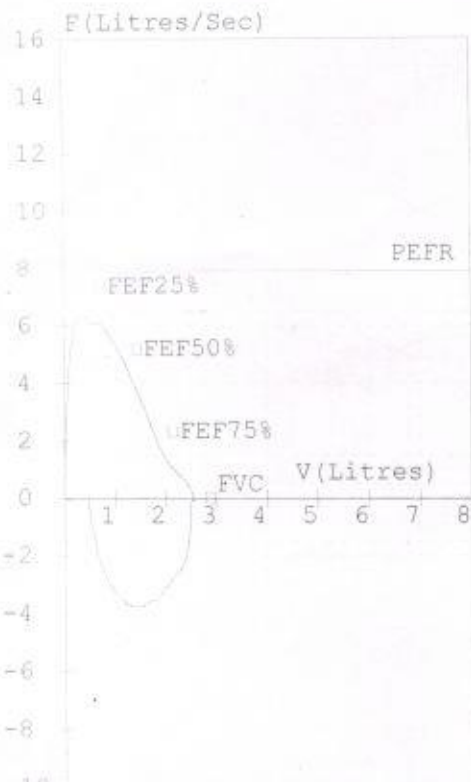
# APOLLO CRADLE & CHILDREN'S HOSPITAL

NH1, Shakti Khand2, Indirapuram, Ghaziabad

Patient: MR ASHOK PRASAD  
 Refd. By:  
 Pred. Eqns: RECORDERS  
 Date : 29-12-2023 09:28 AM

Age : 46 Yrs  
 Height : 160 Cms  
 Weight : 63 Kgs  
 ID : 148145

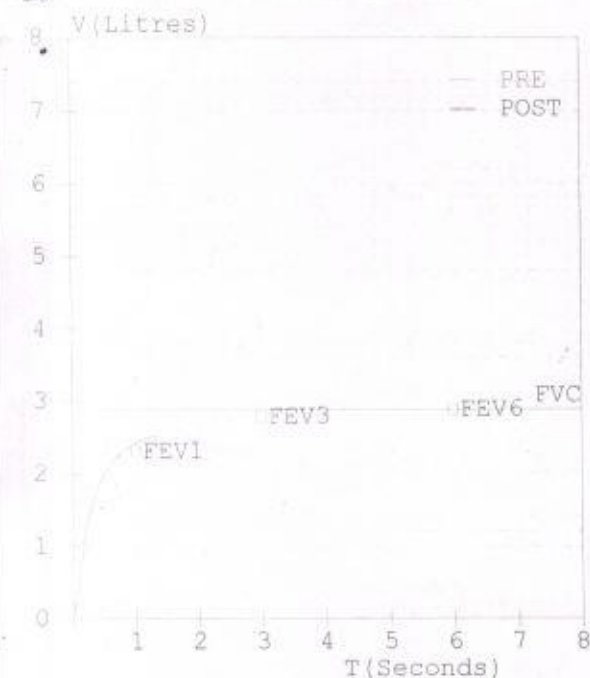
Gender : Male  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



### FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L) 02.87	02.54	089	-----	---	---
FEV1	(L) 02.30	02.41	105	-----	---	---
FEV1/FVC	(%) 80.14	94.88	118	-----	---	---
FEF25-75	(L/s) 03.48	03.64	105	-----	---	---
PEFR	(L/s) 07.93	06.26	079	-----	---	---
FIVC	(L) -----	02.09	---	-----	---	---
FEV.5	(L) -----	01.98	---	-----	---	---
FEV3	(L) 02.78	02.54	091	-----	---	---
PIFR	(L/s) -----	03.74	---	-----	---	---
FEF75-85	(L/s) -----	01.23	---	-----	---	---
FEF.2-1.2	(L/s) 05.97	05.65	095	-----	---	---
FEF 25%	(L/s) 07.41	06.03	081	-----	---	---
FEF 50%	(L/s) 05.18	04.31	083	-----	---	---
FEF 75%	(L/s) 02.33	01.64	070	-----	---	---
FEV.5/FVC	(%) -----	77.95	---	-----	---	---
FEV3/FVC	(%) 96.86	100.00	103	-----	---	---
FET	(Sec) -----	01.52	---	-----	---	---
ExptTime	(Sec) -----	00.05	---	-----	---	---
Lung Age	(Yrs) 046	044	096	-----	---	---
FEV6	(L) 02.87	-----	---	-----	---	---
FIF25%	(L/s) -----	00.57	---	-----	---	---
FIF50%	(L/s) -----	03.21	---	-----	---	---
FIF75%	(L/s) -----	03.71	---	-----	---	---

Pre Test COPD Severity  
 Test within normal limits



Pre Medication Report Indicates  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80



Female  
Req. No. :  
Years MR, Alstok

Age - 46yr Male

HR	: 85	bpm
P	: 101	ms
PR	: 150	ms
QRS	: 98	ms
QT/QTcBz	: 327/389	ms
P/QRS/T	: 49/22/39	°
RV5/SV1	: 1.131/0.634	mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:



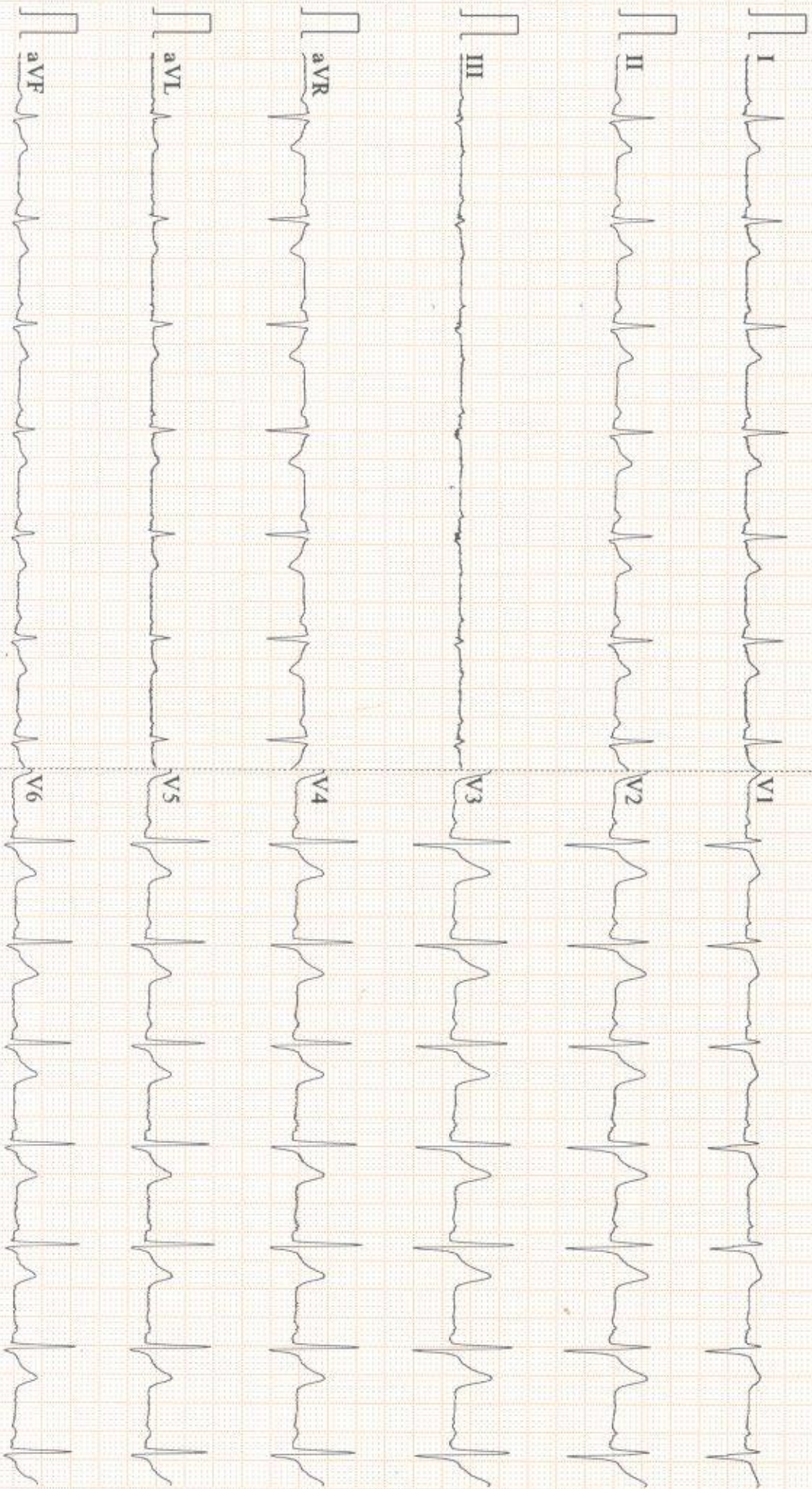


Female  
Req. No. :  
Years

HR : 83 bpm  
P : 100 ms  
PR : 151 ms  
QRS : 95 ms  
QT/QTcBz : 331/390 ms  
P/QRST : 55/25/41 °  
RV5/SV1 : 1.113/0.675 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:









Vision (To be checked by eye specialist):

General Eye examination: Mr. Ashok Prasad

UHID RIND-DCR-133

		Rt	Lt	Colour Vision (Pls V Mark Applicable)	
Visual Acuity	Distance	G16	G19	Normal Colour vision	<input checked="" type="checkbox"/>
	Near	N-6	N-6	Total colour deficiency	<input type="checkbox"/>
Corrected Vision	Distance	G16	G16	Partial Colour Deficiency	<input checked="" type="checkbox"/>
	Near	N-6	N-6		
Power of lens	Spherical.	-	0.50	If partial - pl. mention	
	Cylindrical	-	-		
	Axis	-	-		

Add. +1.50 D

	Yes	No
Squint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nystagmus Night	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other eye disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes pl. give details \_\_\_\_\_

  
Signature of Ophthalmologist

## APOLLO CRADLE- INDRAPURAM

### DIET CHART

NAME: Ashok Prasad

DATE: 20/12/25

AGE:

UHID: Take Methi

Low carb diet, High protein diet

#### DIETARY ADVICE FOR A HEALTHY LIFESTYLE

1. Consume at least 500 ml. of milk per day (including coffee, tea, curd and buttermilk) preferably toned or double toned.
2. Use whole grains and pulses rather than refined cereals like maida.
3. If mixing cereals with pulses for chapathi, use in the following proportion; 4 parts of cereal + 1 part of soya atta.
4. Liberal intake of green leafy vegetables in the form of soups, salads, mixed vegetable raita, cooked vegetables as sabzis etc.
5. Judicious intake of roots and tubers like potatoes, colocasia, sweet potato, yam, etc.
6. Prefer taking fruits over their juices. Low calorie fruits like apple, papaya, pear, peach, orange, sweet lime melon, pomegranate, guava should be preferred.
7. Select roasted snakes such as channa, puffed rice and heart healthy nuts like almonds, walnuts and choose low fat milk beverages over other unhealthy option.
8. Consume at least 2 liter of water every day.
9. A gap of 2 hours is required between dinner and bed time.
10. Cultivate the habit of having food at smaller intervals and in small quantities like 3 major meals and 3-4

small sneaks in between (fruits, salad and buttermilk)

11. Include white meat only i. e. chicken, fish and egg white in the grilled, boiled or curry form.

#### FOOD TO BE AVOIDED

Acid

1. Extra sugar in the form of excess coffee, tea, sweets, glucose, soft drinks, honey, jams, jellies, candies, ice cream and other sweetened beverages.
2. Deep fried items, such as samosa, Kachori, Namkeen, parathas, wafer etc. Eating bakery products on a daily basis.
3. Red meat like lamb (mutton), prawns, crab and organ meat.
4. Dried fruits like coconut and cashew nuts etc.
5. Fruits like avocados, mango, chikoo, grapes, custard apple, jackfruit and big bananas on a daily basis.
6. Extra salt on the table (top salt) daily consumption of pckeles, papads, ready-to-eat food, processed foods, salted nuts, salted fish and chutney powders which contain salt as a major preserving agent.

<b>Patient Name</b>	: Mr. Ashok Prasad	<b>Age/Gender</b>	: 46 Y/M
<b>UHID/MR No.</b>	: CIND.0000148145	<b>OP Visit No</b>	: RINDOPV5754
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-12-2023 14:48
<b>LRN#</b>	: RAD2194779	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 312423		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

**LIVER:** Liver is mildly enlarged in size (15cm) and the parenchymal echotexture shows grade-I diffuse fatty infiltration. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in course and calibre.

**GALL BLADDER :** Gall bladder appears echo free with normal wall thickness. No pericholecystic fluid noted. Common duct is not dilated.

**PANCREAS :**The pancreas appears normal in size and echogenicity. No focal mass lesion is seen.

**SPLEEN :** Spleen is normal in size, shape and echopattern. No focal lesion seen. Hilum is normal.

**KIDNEYS :** Both the kidneys are normal in position, shape, size, outline and echotexture. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

Visualized parts of the retroperitoneum do not reveal any lymphadenopathy.

**URINARY BLADDER :** Urinary bladder is normal in wall thickness with clear contents. No obvious intraluminal mass or calculus is seen.

**PROSTATE :** Prostate is mildly enlarged in size and volume measuring about 28.0 cc with maintained echo-pattern .

No free fluid is seen in the peritoneal cavity.

**IMPRESSION: (1)Mild hepatomegaly with grade 1 fatty infiltration of the liver.  
(2) Prostatomegaly grade 1.**

**SUGGEST CLINICAL CORRELATION**

(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. SANGEETA AGGARWAL**



**Patient Name** : Mr. Ashok Prasad

**Age/Gender**

: 46 Y/M

---

MBBS, MD  
Radiology

<b>Patient Name</b>	: Mr. Ashok Prasad	<b>Age/Gender</b>	: 46 Y/M
<b>UHID/MR No.</b>	: CIND.0000148145	<b>OP Visit No</b>	: RINDOPV5754
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-12-2023 12:10
<b>LRN#</b>	: RAD2194779	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 312423		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Both the lung fields and hilar shadows appears normal.

There is no obvious active pleuro-parenchymal lesion seen.

Both the costophrenic and cardiophrenic angles are clear.

Cardiac size appears within normal limits.

Both dome of hemidiaphragms are normal in position and contour.

Thoracic wall and soft tissues under view appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. SANGEETA AGGARWAL**  
**MBBS, MD**  
Radiology



Patient Name : Mr. Ashok Prasad Age : 46 Y/M  
UHID : CIND.0000148145 OP Visit No : RINDOPV5754  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 29-12-2023 15:13  
Referred By : SELF

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## CARDIOLOGY

### CARDIAC STRESS TEST – (TMT)

Angina Pectoria:  
NO

Previous MI:  
NO

PTCA:  
NO

CABG:  
NO

HTN:  
NO

DM:  
YES

Smoking:  
NO

Obesity:  
NO

Lipidemia:  
NO

Resting ECG Supine:  
NORMAL

Standing:  
NORMAL

Protocol Used:  
BRUCE

Monitoring Leads:  
12 LEADS

Patient Name : Mr. Ashok Prasad Age : 46 Y/M  
UHID : CIND.0000148145 OP Visit No : RINDOPV5754  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 29-12-2023 15:13  
Referred By : SELF

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Grade Achieved:  
14

86% HR / METS:  
8.8

Reason for Terminating Test:  
TEST COMPLETE

Total Exercise Time:  
07:11 MIN

Symptoms and ECG Changes during Exercise:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

4.6 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

7.0 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

8.8 mts:  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

RECOVERY  
NO SYMPTOMS NO SIGNIFICANT ST T CHANGES

**INTERPRETATION:**

Rhythm:  
NORMAL

S.T. Segment :  
NORMAL

Blood Pressure Response :  
NORMAL

Fitness Response :

Patient Name : Mr. Ashok Prasad Age : 46 Y/M  
UHID : CIND.0000148145 OP Visit No : RINDOPV5754  
Conducted By: : Dr. SANJIV KUMAR GUPTA Conducted Date : 29-12-2023 15:13  
Referred By : SELF

---

GOOD

Impression:

Cardiac stress analysis is NEGATIVE for inducible myocardial ischaemia at good work load and 86% of MPRH.

---- END OF THE REPORT ----

Dr. SANJIV  
KUMAR  
GUPTA

Patient Name	: Mr.ASHOK PRASAD	Collected	: 29/Dec/2023 09:35AM
Age/Gender	: 46 Y 5 M 1 D/M	Received	: 29/Dec/2023 10:04AM
UHID/MR No	: CIND.0000148145	Reported	: 29/Dec/2023 01:43PM
Visit ID	: RINDOPV5754	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 312423		

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

RBCs ARE NORMOCYTIC NORMOCHROMIC. ANISOCYTOSIS+  
TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.  
PLATELETS ARE ADEQUATE ON SMEAR.  
NO HEMOPARASITES SEEN.



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:43PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

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

<b>HAEMOGLOBIN</b>	14.9	g/dL	13-17	Spectrophotometer
PCV	41.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	<b>4.43</b>	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93	fL	83-101	Calculated
MCH	<b>33.7</b>	pg	27-32	Calculated
MCHC	<b>36</b>	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,600	cells/cu.mm	4000-10000	Electrical Impedence

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	56	%	40-80	Electrical Impedence
LYMPHOCYTES	35	%	20-40	Electrical Impedence
EOSINOPHILS	04	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
BASOPHILS	00	%	<1-2	Electrical Impedence

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	3696	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2310	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	264	Cells/cu.mm	20-500	Calculated
MONOCYTES	330	Cells/cu.mm	200-1000	Calculated

<b>PLATELET COUNT</b>	267000	cells/cu.mm	150000-410000	Electrical impedence
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<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>17</b>	mm at the end of 1 hour	0-15	Modified Westergren
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**PERIPHERAL SMEAR**

RBCs ARE NORMOCYTIC NORMOCHROMIC. ANISOCYTOSIS+

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE ON SMEAR.

NO HEMOPARASITES SEEN.





Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 02:09PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 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			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 03:20PM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:36PM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 04:05PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>GLUCOSE, FASTING , NAF PLASMA</b>	<b>158</b>	mg/dL	70-100	GOD - POD
--------------------------------------	------------	-------	--------	-----------

Kindly correlate clinically

**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:**

- 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.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b>	<b>243</b>	mg/dL	70-140	GOD - POD
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Kindly correlate clinically.

**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.



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:00PM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 03:32PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
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.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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)



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:37PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**LIPID PROFILE , SERUM**

TOTAL CHOLESTEROL	167	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>347</b>	mg/dL	<150	
HDL CHOLESTEROL	46	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	121	mg/dL	<130	Calculated
LDL CHOLESTEROL	51.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>69.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.63		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:37PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.80	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.30	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.50	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	29.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	61.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.20	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.20</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.00	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.6</b>		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.
- Bilirubin may be elevated.
- 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, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



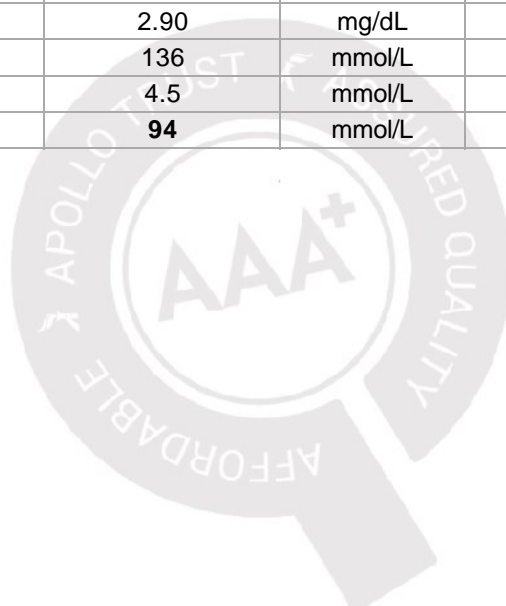
Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:37PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	<b>0.20</b>	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	25.50	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	11.9	mg/dL	9.0-20.0	Urease
URIC ACID	5.60	mg/dL	4.0-7.0	URICASE
CALCIUM	10.10	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	2.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	136	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	<b>94</b>	mmol/L	98-107	Direct ISE



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:04AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:37PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	24.00	U/L	16-73	Glycylglycine Kinetic method







MC- 6048

Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:37PM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 06:03PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

## DEPARTMENT OF IMMUNOLOGY

## ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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## THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.58	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.60	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.450	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	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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma





MC- 6048

Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:35AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 03:37PM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 04:24PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	1.110	ng/mL	0-4	CLIA



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:56AM
Age/Gender : 46 Y 5 M 1 D/M	Received : 29/Dec/2023 10:39AM
UHID/MR No : CIND.0000148145	Reported : 29/Dec/2023 01:39PM
Visit ID : RINDOPV5754	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 312423	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.ASHOK PRASAD	Collected : 29/Dec/2023 09:56AM
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**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC-1 MALE - TMT - PAN INDIA - FY2324**

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

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

*Ahmed*

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