

Patient Name : Mr.GAURAV GOSAVI	Collected : 05/May/2023 09:01AM
Age/Gender : 37 Y 6 M 0 D/M	Received : 05/May/2023 01:23PM
UHID/MR No : CKHA.0000066179	Reported : 05/May/2023 02:31PM
Visit ID : CKHAOPV97119	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 169858	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - 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.
NO HEMOPARASITES SEEN



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

HAEMOGLOBIN	16.1	g/dL	13-17	Spectrophotometer
PCV	48.30	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.8	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.2	fL	83-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	17.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,890	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	57.3	%	40-80	Electrical Impedence
LYMPHOCYTES	31.7	%	20-40	Electrical Impedence
EOSINOPHILS	2.3	%	1-6	Electrical Impedence
MONOCYTES	8.3	%	2-10	Electrical Impedence
BASOPHILS	0.4	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3374.97	Cells/cu.mm	2000-7000	Electrical Impedence
LYMPHOCYTES	1867.13	Cells/cu.mm	1000-3000	Electrical Impedence
EOSINOPHILS	135.47	Cells/cu.mm	20-500	Electrical Impedence
MONOCYTES	488.87	Cells/cu.mm	200-1000	Electrical Impedence
BASOPHILS	23.56	Cells/cu.mm	0-100	Electrical Impedence

PLATELET COUNT	219000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	3	mm at the end of 1 hour	0-15	Modified Westergren

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Age/Gender : 37 Y 6 M 0 D/M	Received : 05/May/2023 01:23PM
UHID/MR No : CKHA.0000066179	Reported : 05/May/2023 03:15PM
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA

BLOOD GROUP TYPE	AB			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



Patient Name : Mr.GAURAV GOSAVI	Collected : 05/May/2023 09:01AM
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UHID/MR No : CKHA.0000066179	Reported : 05/May/2023 02:04PM
Visit ID : CKHAOPV97119	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	96	mg/dL	70-100	HEXOKINASE
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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



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UHID/MR No : CKHA.0000066179	Reported : 05/May/2023 03:51PM
Visit ID : CKHAOPV97119	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	90	mg/dL	70-140	HEXOKINASE
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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

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	105	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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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL CHOLESTEROL	213	mg/dL	<200	CHO-POD
TRIGLYCERIDES	112	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	163	mg/dL	<130	Calculated
LDL CHOLESTEROL	140.21	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.35	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.22		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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ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - PAN INDIA - FY2324

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

BILIRUBIN, TOTAL	1.20	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.22	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.98	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26.24	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.9	U/L	<50	IFCC
ALKALINE PHOSPHATASE	51.71	U/L	30-120	IFCC
PROTEIN, TOTAL	7.69	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.15	g/dL	2.0-3.5	Calculated
A/G RATIO	1.44		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.92	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	20.07	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.18	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.77	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.77	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.53	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	100.74	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	51.71	U/L	30-120	IFCC



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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	26.78	U/L	<55	IFCC



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Visit ID : CKHAOPV97119	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC MALE - 2D ECHO - 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)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.06	µg/dL	6.09-12.23	CLIA
THYROID STIMULATING HORMONE (TSH)	0.951	µIU/mL	0.34-5.60	CLIA

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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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	12.01	ng/mL		CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

VITAMIN B12 , SERUM	<80	pg/mL	180-914	CLIA
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Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



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DEPARTMENT OF IMMUNOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.520	ng/mL	0-4	CLIA



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DEPARTMENT OF CLINICAL PATHOLOGY

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

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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		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
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
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



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DEPARTMENT OF CLINICAL PATHOLOGY


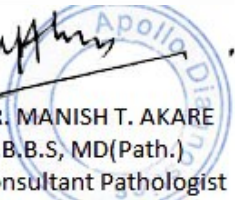
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URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick
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URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick
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*** End Of Report ***

DR. MANISH T. AKARE
M.B.B.S, MD(Path.)
Consultant Pathologist




Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist




Dr. Sanjay Ingle
M.B.B.S, MD(Pathology)
Consultant Pathologist



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Age/Gender : 37 Y/M

UHID/MR No. : CKHA.0000066179

OP Visit No : CKHAOPV97119

Sample Collected on :

Reported on : 05-05-2023 17:24

LRN# : RAD1991775

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 169858

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

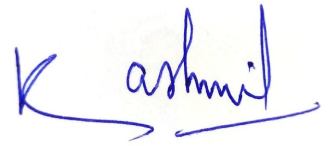
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

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Sample Collected on	:	Reported on	: 05-05-2023 09:35
LRN#	: RAD1991775	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 169858		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows normal echotexture. No focal lesion is noted. No e/o IHBR dilatation is seen. Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is partially distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size ms 9.8 x 3.9 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 9.1 x 4.6 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture **Volume- 18.4 cc .**

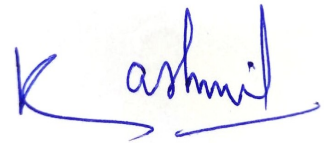
Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- **No significant abnormality in present scan.**

Clinical correlation suggested....

(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.



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