

02.11.2023 11:59:40
 APOLLO SPECTRA SHEETLA
 HOSPITAL RAILWAY ROAD
 Gunigram

Location:
 Room:
 Order Number:
 Indication:
 Medication 1:
 Medication 2:
 Medication 3:

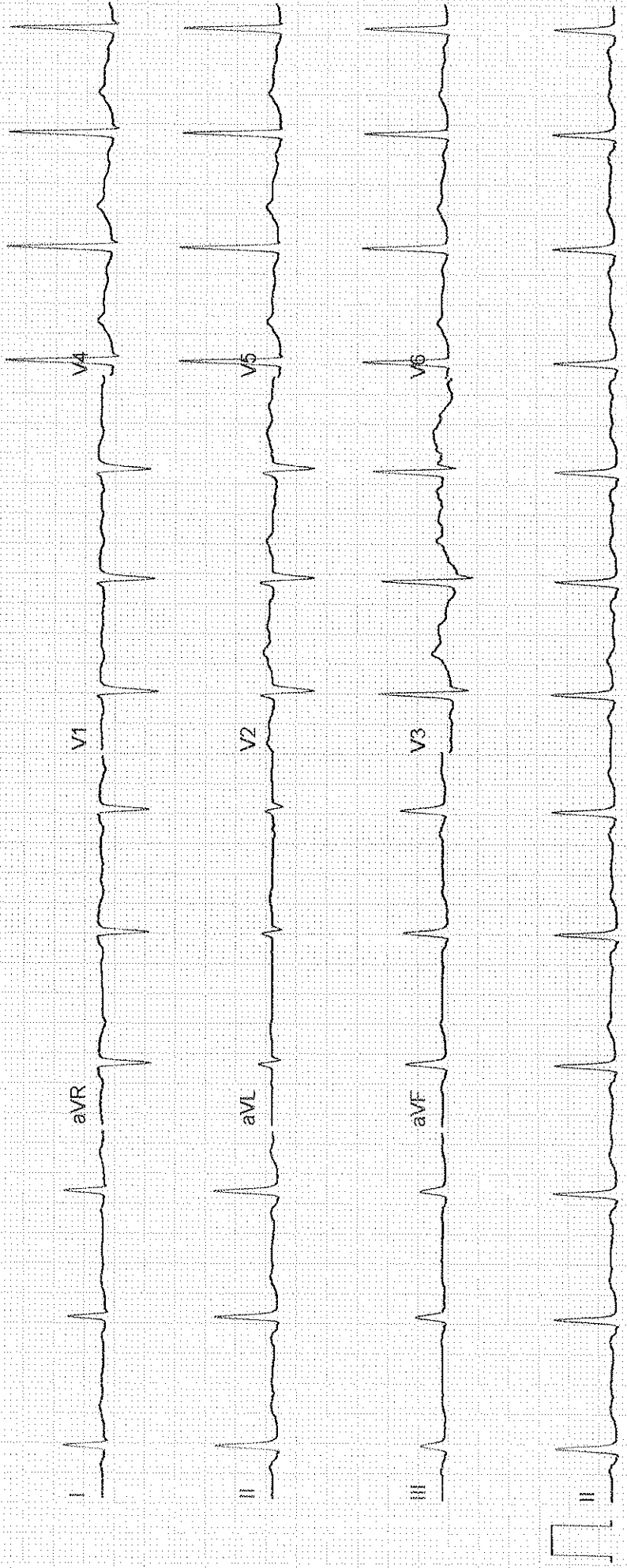
76 bpm
 - / - mmHg

QRS: 90 ms
 QT/QTcBaz: 384 / 432 ms
 PR: 152 ms
 P: 118 ms
 RR/PP: 788 / 789 ms
 P/QRS/T: 63 / 52 / 48 degrees

Normal sinus rhythm with sinus arrhythmia
 Normal ECG

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

Ht - 167 cm
 Wt - 69 kg
 BP - 136/84
 BMI - 24.7



Barcode No.	: SSH019492	Age / Sex	: 51 YRS / Male
Patient Name	: Mr. SURENDER KUMAR	Registration Date	: 02-Nov-2023 10:32 AM
IPD No.	:	Reporting Date	: 02-Nov-2023 11:07 AM
UHID	: SSH.0000015957	Approved Date	: 02-Nov-2023 11:07 AM

USG WHOLE ABDOMEN

Liver is normal in size , shows **diffusely increased hepatic echogenicity but periportal and diaphragmatic echogenicity is still appreciable**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic bile ducts not dilated.

Gall bladder is partially distended. However, visualized lumen appears echofree. Common bile duct is not dilated.

Head and body of Pancreas is normal in size and contour. Echo-pattern is normal. No focal lesion is seen within the visualized pancreas. Tail of pancreas is obscured by the overlying bowel gases.

Spleen is normal size and shape. Echo-texture is normal. No focal lesion is seen.

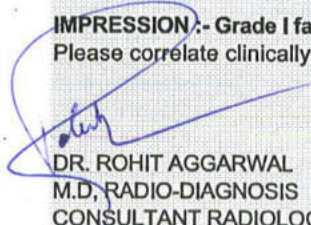
Both Kidneys are normally sited and are of normal size and shape cortico-medullary echoes shows normal differentiation. Renal parenchymal thickness is normal. No focal lesion is seen and Collecting system does not shows any dilatation or calculus.

Urinary Bladder does not show any calculus or mass lesion.

Prostate appears normal in size (17.6 cc) and shape.

No evidence of any free fluid seen in abdomen.

IMPRESSION:- Grade I fatty infiltration of liver
Please correlate clinically


DR. ROHIT AGGARWAL
M.D, RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

*** End Of Report ***

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Patient Name	: Mr. SURENDER KUMAR	Registration Date	: 02-Nov-2023 10:32 AM
IPD No.	:	Reporting Date	: 02-Nov-2023 03:17 PM
UHID	: SSH.0000015957	Approved Date	: 02-Nov-2023 03:17 PM

X- CHEST PA VIEW (ONE FILM)

Lung fields are normal.

Bilateral hilar shadows and bronchovascular markings are normal.

Trachea is central.

Bilateral cardiophrenic & costophrenic angles appears normal.

Cardiac size and shape is normal.

Both domes of diaphragm are normal.

Soft tissue and bony cage under view normal.

IMPRESSION :- NO SIGNIFICANT ABNORMALITY IS SEEN.
Please correlate clinically

DR. ROHIT AGGARWAL
M.D, RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

*** End Of Report ***



Dr. Anil Yadav's Dental Clinic



Dr. Anil Yadav

B.D.S., M.D.S., F.I.C.O.I.

Gold Medalist

Ex. HCSD-1, Civil Hospital

Ex. Asst Professor, PGIMS,
Rohtak

Awarded by: International
College of Dentistry

Dr. Sanyogita Yadav

B.D.S., M.S.I.D.S.

Aesthetic Consultant

Ex. Resident RD Hospital,
New Delhi

Name *Surendra Kumar*

Date *2/11/23*

Age/Sex

Routine dental check up.

By

filled (faulty) - 18

Deep caries 81

stans + ca - 1

Advised


*ceram see re-restoration
was 18.*

filling was 81

oral prophylaxis full mouth

[Signature]

B. Room - 12

	EYE-Q VISION PVT. LTD. (SHEETLA HOSPITAL & EYE INSTITUTE)	Location : HA_GU_NRR Date & : User :
	New Railway Road, Gurgaon, Haryana. Email : opsmgr.nrr@eyeqindia.com Website: www.eyeqindia.com GSTIN Of Supplier (Eye-Q) : 06AAECP1709L1ZE	Phone: 0124-2875803 / 875

Patient Name	: Mr. <u>Surender Singh</u>	Date	: <u>02/11/23</u>
Age	: <u>51M</u>	Mobile Number	: <u>9821667357</u>
MRD No	:	Category	:
Address	: <u>Bawal, Farukh Nagar</u>	Doctor's Name	:

Regular check up
 P/O/A - Nil
 P/M/A - DM @ 4yrs
 VnE PIP < 6/6 & Near < 10/6

Color vision - WNL
 NCT < 12 } none fly
 11 }
 (Same as Rx glasses)

RIGHT EYE				LEFT EYE			
SPH	CYL.	AXIS.	VISION	SPH	CYL.	AXIS.	VISION
+1.50	—————		6/6	+1.25	+0.50	180°	6/6
+2.25	—————		N6	+2.25	—————		N6

Mr. Surinder Khermar

02/11/23

AGE - 51 Y

I skipped Tmt test because my age
above 50 years that's why tmt not
done

Surinder

Patient Name : Mr.SURENDER KUMAR	Collected : 02/Nov/2023 10:52AM
Age/Gender : 51 Y 0 M 0 D/M	Received : 02/Nov/2023 12:05PM
UHID/MR No : SSH.0000015957	Reported : 02/Nov/2023 01:14PM
Visit ID : SSH73549	Status : Final Report
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name : HLM SHEETLA HOSPITAL
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF HAEMATOLOGY

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

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

HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	40.60	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.58	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	88.5	fL	83-101	Calculated
MCH	30.5	pg	27-32	Calculated
MCHC	34.4	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,980	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	59.6	%	40-80	Electrical Impedance
LYMPHOCYTES	22.1	%	20-40	Electrical Impedance
EOSINOPHILS	10.6	%	1-6	Electrical Impedance
MONOCYTES	7	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	2968.08			
LYMPHOCYTES	1100.58			
EOSINOPHILS	527.88			
MONOCYTES	348.6			
BASOPHILS	34.86			

PLATELET COUNT	194000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	22			

PERIPHERAL SMEAR

RBCs: Mild anisocytosis with predominantly normocytic normochromic cells. Rbc count is within normal limits.

WBCs: Total leucocyte count is within normal limits. Differential leucocyte count show relatively increased eosinophils.

Platelets: Adequate in number and distribution. Morphology is within normal limits.

No atypical cell/hemoparasite seen in the smears examined.

Impression: Normocytic normochromic picture with relative eosinophilia.

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Test Name	Result	Unit	Bio. Ref. Range	Method
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Kindly correlate clinically.



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

BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



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Age/Gender : 51 Y 0 M 0 D/M	Received : 02/Nov/2023 12:05PM
UHID/MR No : SSH.0000015957	Reported : 02/Nov/2023 12:42PM
Visit ID : SSH73549	Status : Final Report
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name : HLM SHEETLA HOSPITAL
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	121	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 $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	181	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.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	7.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	169	mg/dL		Calculated

Kindly correlate clinically

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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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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UHID/MR No : SSH.0000015957	Reported : 02/Nov/2023 12:47PM
Visit ID : SSH73549	Status : Final Report
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name : HLM SHEETLA HOSPITAL
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	220	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	172	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	56	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	164	mg/dL	<130	Calculated
LDL CHOLESTEROL	129.6	mg/dL	<100	Calculated
VLDL CHOLESTEROL	34.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.93		0-4.97	Calculated

Kindly correlate clinically

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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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.60	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.40	mg/dL	0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	81.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	8.20	g/dL	6.3-8.2	Biuret
ALBUMIN	4.70	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.34		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.

ALP – Elevated levels indicate hepatocellular damage. It is considered to be more specific for liver disease than AST and ALT. However, it is also elevated in bone disease, pregnancy, and 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'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.



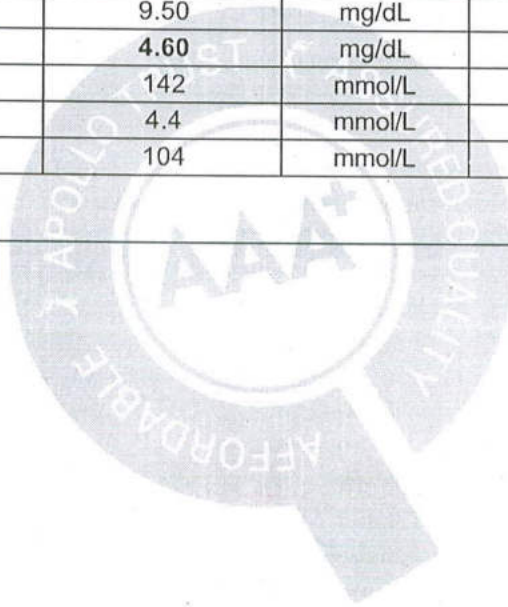
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	0.70	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	22.10	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	10.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.50	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.60	mg/dL	2.5-4.5	PMA Phenol
SODIUM	142	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
Kindly correlate clinically				



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

Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , <i>SERUM</i>	81.00	U/L	38-126	p-nitrophenyl phosphate
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , <i>SERUM</i>	13.00	U/L	15-73	Glycylglycine Nitoranalide
Kindly correlate clinically				



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DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN B12 , SERUM	56	pg/mL	120-914	CLIA
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Kindly correlate clinically

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. 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.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.360	ng/mL	0-4	CLIA
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Patient Name	: Mr.SURENDER KUMAR	Collected	: 02/Nov/2023 01:43PM
Age/Gender	: 51 Y 0 M 0 D/M	Received	: 02/Nov/2023 02:27PM
UHID/MR No	: SSH.0000015957	Reported	: 02/Nov/2023 04:30PM
Visit ID	: SSH73549	Status	: Final Report
Ref Doctor	: Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name	: HLM SHEETLA HOSPITAL
IP/OP NO	:	Patient location	: Gurgaon,GURGAON

DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***



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



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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)	1.18	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	9.62	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.958	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



Patient Name : Mr.SURENDER KUMAR	Collected : 02/Nov/2023 10:52AM
Age/Gender : 51 Y 0 M 0 D/M	Received : 02/Nov/2023 12:05PM
UHID/MR No : SSH.0000015957	Reported : 02/Nov/2023 01:15PM
Visit ID : SSH73549	Status : Final Report
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name : HLM SHEETLA HOSPITAL
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF IMMUNOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	12.4	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 biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

Increased levels:

- Vitamin D intoxication.



Patient Name : Mr.SURENDER KUMAR	Collected : 02/Nov/2023 10:52AM
Age/Gender : 51 Y 0 M 0 D/M	Received : 02/Nov/2023 01:38PM
UHID/MR No : SSH.0000015957	Reported : 02/Nov/2023 04:31PM
Visit ID : SSH73549	Status : Final Report
Ref Doctor : Dr.Dr.CASUALTY MEDICAL OFFICERS	Client Name : HLM SHEETLA HOSPITAL
IP/OP NO :	Patient location : Gurgaon,GURGAON

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY PLUS ANNUAL CHECK ADVANCED HC 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	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		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	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	NIL			MICROSCOPY



Patient Name : Mr.SURENDER KUMAR	Collected : 02/Nov/2023 10:52AM
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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

*** End Of Report ***

Mangru

M.B.B.S,M.D(Pathology)
Consultant Pathologist.

