

<b>Patient Name</b>	: Mr. SATHISHKUMAR G	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: SALW.0000137258	<b>OP Visit No</b>	: SALWOPV205738
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-02-2024 11:05
<b>LRN#</b>	: RAD2231573	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 2020		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

Liver shows uniform echopattern with no evidence of focal or diffuse pathology.  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder appears normal with no evidence of calculus.  
Wall thickness appear normal.

Pancreas appears normal.

Spleen measures 10.8cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites or lymphadenopathy.

Right kidney measures 10.1 x 4.8cm.

Left kidney measures 11.2 x 4.9cm.

Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 2.8 x 3.3 x 2.5cm(Vol-12ml).

Bladder is normal in contour.

### **IMPRESSION:**


No significant abnormality detected.

TO BE CLINICALLY CORRELATED.

**Patient Name** : Mr. SATHISHKUMAR G

**Age/Gender** : 33 Y/M

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. ARUN KUMAR S**  
MBBS, DMRD, DNB  
Radiology

<b>Patient Name</b>	: Mr. SATHISHKUMAR G	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: SALW.0000137258	<b>OP Visit No</b>	: SALWOPV205738
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 10-02-2024 21:10
<b>LRN#</b>	: RAD2231573	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 2020		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**IMPRESSION:**

■ **NORMAL STUDY.**



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology

Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 10:34AM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 11:41AM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen.

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.



DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED240032960

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.7	g/dL	13-17	Spectrophotometer
PCV	46.10	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.09	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	91	fL	83-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	13.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,300	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	61	%	40-80	Electrical Impedence
LYMPHOCYTES	34	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	04	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3233	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1802	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	53	Cells/cu.mm	20-500	Calculated
MONOCYTES	212	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	263000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	03	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

  
DR. CHIDAMBHARAM C  
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CONSULTANT PATHOLOGIST

SIN No:BED240032960



Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 04:18PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 06:47PM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



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



SIN No:HA06466878

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 11:13AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 12:15PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 12:35PM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

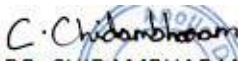
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	114	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1417297



Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 12:39PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 01:35PM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	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)



**Dr. MARQUESS RAJ**  
M.D, DipRCPath, D.N.B (PATH)  
Consultant Pathologist

SIN No:EDT240014427

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.





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Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>232</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	<b>189</b>	mg/dL	<150	
HDL CHOLESTEROL	<b>33</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>199</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>161.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>37.8</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>7.03</b>		0-4.97	Calculated

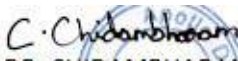
**Comment:**

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 on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- 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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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04624537



Patient Name : Mr.SATHISHKUMAR G  
Age/Gender : 33 Y 3 M 12 D/M  
UHID/MR No : SALW.0000137258  
Visit ID : SALWOPV205738  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 2020

Collected : 10/Feb/2024 08:42AM  
Received : 10/Feb/2024 10:52AM  
Reported : 10/Feb/2024 12:14PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
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CONSULTANT PATHOLOGIST

SIN No:SE04624537

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Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	<b>1.40</b>	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.40	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	48.00	U/L	32-111	IFCC
PROTEIN, TOTAL	6.90	g/dL	6.7-8.3	BIURET
ALBUMIN	5.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	<b>1.90</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.63</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.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.89	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	<b>16.69</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>7.8</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>7.20</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	143	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	102	mmol/L	98 - 107	Direct ISE

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04624537

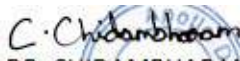


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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	20.00	U/L	16-73	Glycylglycine Kinetic method

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04624537

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Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 02:19PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 04:53PM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.41	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.61	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	<b>6.773</b>	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

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24021629

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 04:53PM
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24021629

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UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 04:40PM
Visit ID : SALWOPV205738	Status : Final Report
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.820	ng/mL	0-4	CLIA



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL24021629

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 01:25PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 01:44PM
Visit ID : SALWOPV205738	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		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	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2278972



Patient Name : Mr.SATHISHKUMAR G	Collected : 10/Feb/2024 08:42AM
Age/Gender : 33 Y 3 M 12 D/M	Received : 10/Feb/2024 01:25PM
UHID/MR No : SALW.0000137258	Reported : 10/Feb/2024 01:44PM
Visit ID : SALWOPV205738	Status : Final Report
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Emp/Auth/TPA ID : 2020	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

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

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

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

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UF010489

