

Patient Name : Mr.AJIT KUMAR PATHAK
Age/Gender : 52 Y 11 M 30 D/M
UHID/MR No : SCHI.0000022734
Visit ID : SCHIOPV34278
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : TETEW

Collected : 01/Aug/2024 09:40AM
Received : 01/Aug/2024 10:11AM
Reported : 01/Aug/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Page 1 of 17



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK
Age/Gender : 52 Y 11 M 30 D/M
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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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	39.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3794.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2358.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	359.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	443.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	84.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.61		0.78- 3.53	Calculated
PLATELET COUNT	192000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240201373



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DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240201373



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 10:11AM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 03:21PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 12:30PM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:59PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 03:21PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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	172	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:

- 1.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.
2. Very high glucose levels (>450 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)	297	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. SHWETA GUPTA
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SIN No:PLP1479050



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 01:20PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 02:21PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	200	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

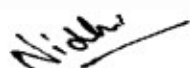
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. 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 Nidhi Sachdev
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SIN No:EDT240082970



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 10:12AM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 06:00PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	269	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	575	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	225	mg/dL	<130	Calculated
VLDL CHOLESTEROL	115	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.11		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.76		<0.11	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.



Dr. SHWETA GUPTA
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SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 12:08PM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 03:48PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:39PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	162.60	mg/dL	<100	Enzymatic Selective Protection



Dr Nidhi Sachdev
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SIN No:BI20974559



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 05:11PM
UHID/MR No : SCHI.000022734	Reported : 01/Aug/2024 05:48PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42.3	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.5	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	104.10	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:BI20978193



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 05:11PM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 05:48PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

DEPARTMENT OF BIOCHEMISTRY

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



Dr Nidhi Sachdev
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Consultant Pathologist

SIN No:BI20978193



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 10:12AM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 12:28PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	18.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 10:12AM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 12:10PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	47.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
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SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 02:37PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 04:15PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.537	µIU/mL	0.38-5.33	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



Dr Nidhi Sachdev
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Consultant Pathologist

SIN No:SPL24126625



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 02:37PM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 04:15PM
Visit ID	: SCHIOPV34278	Status	: Final Report
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Emp/Auth/TPA ID	: TETEW		

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 Nidhi Sachdev
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SIN No:SPL24126625



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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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.200	ng/mL	0-4	CLIA



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24126625



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:06PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:43PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	DARK YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
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Consultant Pathology

SIN No:UR2397586



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:06PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:43PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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)	POSITIVE (+)		NEGATIVE	Dipstick

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011990



Patient Name : Mr.AJIT KUMAR PATHAK
Age/Gender : 52 Y 11 M 30 D/M
UHID/MR No : SCHI.0000022734
Visit ID : SCHIOPV34278
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : TETEW

Collected : 01/Aug/2024 09:40AM
Received : 01/Aug/2024 10:11AM
Reported : 01/Aug/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Page 1 of 17



Dr. SHWETA GUPTA
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SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK
Age/Gender : 52 Y 11 M 30 D/M
UHID/MR No : SCHI.0000022734
Visit ID : SCHIOPV34278
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : TETEW

Collected : 01/Aug/2024 09:40AM
Received : 01/Aug/2024 10:11AM
Reported : 01/Aug/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

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
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.6	g/dL	13-17	CYANIDE FREE COLOUROMETER
PCV	39.00	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.46	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	87.5	fL	83-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	32.2	g/dL	31.5-34.5	Calculated
R.D.W	14.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,040	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.9	%	40-80	Electrical Impedance
LYMPHOCYTES	33.5	%	20-40	Electrical Impedance
EOSINOPHILS	5.1	%	1-6	Electrical Impedance
MONOCYTES	6.3	%	2-10	Electrical Impedance
BASOPHILS	1.2	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3794.56	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2358.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	359.04	Cells/cu.mm	20-500	Calculated
MONOCYTES	443.52	Cells/cu.mm	200-1000	Calculated
BASOPHILS	84.48	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.61		0.78- 3.53	Calculated
PLATELET COUNT	192000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
ERYTHROCYTE SEDIMENTATION RATE (ESR)	23	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH MILD HYPOCHROMASIA.

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

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK
Age/Gender : 52 Y 11 M 30 D/M
UHID/MR No : SCHI.0000022734
Visit ID : SCHIOPV34278
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : TETEW

Collected : 01/Aug/2024 09:40AM
Received : 01/Aug/2024 10:11AM
Reported : 01/Aug/2024 12:33PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

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

NO HEMOPARASITES SEEN



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 10:11AM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 03:21PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Dr. SHWETA GUPTA
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Consultant Pathology
SIN No:BED240201373



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 12:30PM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:59PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 03:21PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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	172	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:

- 1.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.
2. Very high glucose levels (>450 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)	297	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. SHWETA GUPTA
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Consultant Pathology
SIN No:PLP1479050



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 01:20PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 02:21PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	200	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

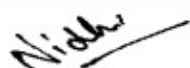
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. 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 Nidhi Sachdev
M.B.B.S,MD(Pathology)
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SIN No:EDT240082970



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 10:12AM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 06:00PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	269	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	575	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	44	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	225	mg/dL	<130	Calculated
VLDL CHOLESTEROL	115	mg/dL	<30	Calculated
CHOL / HDL RATIO	6.11		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.76		<0.11	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.



Dr. SHWETA GUPTA
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SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 12:08PM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 03:48PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:39PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LDL CHOLESTEROL - (DIRECT LDL)	162.60	mg/dL	<100	Enzymatic Selective Protection



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Consultant Pathologist

SIN No:BI20974559



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 05:11PM
UHID/MR No : SCHI.000022734	Reported : 01/Aug/2024 05:48PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.52	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42.3	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	32.5	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	104.10	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.60	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.20	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		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. 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. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

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

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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

SIN No:BI20978193



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 05:11PM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 05:48PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

DEPARTMENT OF BIOCHEMISTRY

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



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

SIN No:BI20978193



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 10:12AM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 12:28PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

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
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.50	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	18.40	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	8.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.5-8.5	Uricase
CALCIUM	9.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.40	mg/dL	2.5-4.5	PMA Phenol
SODIUM	138	mmol/L	135-145	Direct ISE
POTASSIUM	4.5	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	104	mmol/L	98 - 107	Direct ISE
PROTEIN, TOTAL	7.10	g/dL	6.3-8.2	Biuret
ALBUMIN	4.40	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.70	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated

Page 11 of 17



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 10:12AM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 12:10PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	47.00	U/L	15-73	Glycylglycine Nitoranalide



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:SE04797956



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 02:37PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 04:15PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.1	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	9.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.537	µIU/mL	0.38-5.33	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



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

SIN No:SPL24126625



Patient Name	: Mr.AJIT KUMAR PATHAK	Collected	: 01/Aug/2024 09:40AM
Age/Gender	: 52 Y 11 M 30 D/M	Received	: 01/Aug/2024 02:37PM
UHID/MR No	: SCHI.0000022734	Reported	: 01/Aug/2024 04:15PM
Visit ID	: SCHIOPV34278	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: TETEW		

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
------	------	------	------	--



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

SIN No:SPL24126625



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 02:37PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 04:15PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.200	ng/mL	0-4	CLIA



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist
SIN No: SPL24126625



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:06PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:43PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	DARK YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Physical measurement
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.030		1.002-1.030	Dipstick
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
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-2	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

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Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology

SIN No:UR2397586



Patient Name : Mr.AJIT KUMAR PATHAK	Collected : 01/Aug/2024 09:40AM
Age/Gender : 52 Y 11 M 30 D/M	Received : 01/Aug/2024 12:06PM
UHID/MR No : SCHI.0000022734	Reported : 01/Aug/2024 05:43PM
Visit ID : SCHIOPV34278	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : TETEW	

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)	POSITIVE (+)		NEGATIVE	Dipstick

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

*** End Of Report ***



Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology
SIN No:UF011990



Patient Name : Mr. AJIT KUMAR PATHAK Age : 53 Y/M
 UHID : SCHI.0000022734 OP Visit No : SCHIOPV34278
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 01-08-2024 16:55
 Referred By : SELF

MITRAL VALVE

Morphology AML-**Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-**Normal**/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/**Absent**. Score : _____

Doppler Normal/Abnormal E>A **E=A**
 Mitral Stenosis Present/**Absent** RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler **Normal**/Abnormal
 Tricuspid stenosis Present/**Absent** RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : **Absent**/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation.
 Doppler **Normal**/Abnormal.
 Pulmonary stenosis Present/**Absent** Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation **Absent**/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/Abnormal
 Aortic stenosis Present/**Absent** Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

Measurements **Normal Values** **Measurements** **Normal values**

Patient Name : Mr. AJIT KUMAR PATHAK Age : 53 Y/M
 UHID : SCHI.0000022734 OP Visit No : SCHIOPV34278
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 01-08-2024 16:55
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Aorta	2.6	(2.0 – 3.7cm)	LA es	3.0	(1.9 – 4.0cm)
LV es	2.7	(2.2 – 4.0cm)	LV ed	4.5	(3.7 – 5.6cm)
IVS ed	0.9	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	62%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=62%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium

Patient Name : Mr. AJIT KUMAR PATHAK Age : 53 Y/M
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v No pericardial effusion

Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

Patient Name : Mr. AJIT KUMAR PATHAK
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Conducted By: :
Referred By : SELF

Age : 53 Y/M
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Patient Name : Mr. AJIT KUMAR PATHAK
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