

<b>Patient Name</b>	: Mrs. A Pranavi	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: CINR.0000163506	<b>OP Visit No</b>	: CINROPV220511
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-02-2024 16:11
<b>LRN#</b>	: RAD2252193	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 919441721195		

**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. DHANALAKSHMI B**  
**MBBS, DMRD**  
Radiology

<b>Patient Name</b>	: Mrs. A Pranavi	<b>Age/Gender</b>	: 33 Y/F
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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-02-2024 16:43
<b>LRN#</b>	: RAD2252193	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 919441721195		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

**GALLBLADDER:** Moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted.

**SPLEEN:** Appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**PANCREAS:** Obscured by bowel gas. However, the visualized portion appear normal.

**KIDNEYS:** Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

**URINARY BLADDER:** Distended and appears normal. No evidence of abnormal wall thickening noted.

**UTERUS:** Anteverted and appears normal in size. Myometrial echoes appear normal. The endometrial lining appears intact. Endometrium measures 9 mm.

**OVARIES:** Both ovaries appearing normal in size and echopattern.

No free fluid is seen.

#### IMPRESSION:

**NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.**



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MBBS, DMRD  
Radiology

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<b>UHID/MR No.</b>	: CINR.0000163506	<b>OP Visit No</b>	: CINROPV220480
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-02-2024 16:09
<b>LRN#</b>	: RAD2252016	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9441721195		

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No obvious abnormality seen



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<b>Sample Collected on</b>	:	<b>Reported on</b>	: 29-02-2024 15:24
<b>LRN#</b>	: RAD2252016	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
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Radiology

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Age/Gender : 33 Y 1 M 14 D/F	Received : 29/Feb/2024 02:13PM
UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 03:11PM
Visit ID : CINROPV220480	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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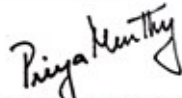
DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.6	g/dL	12-15	Spectrophotometer
PCV	37.60	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.27	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88	fL	83-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	<b>10,400</b>	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYtic COUNT (DLC)</b>				
NEUTROPHILS	70.5	%	40-80	Electrical Impedance
LYMPHOCYTES	23.2	%	20-40	Electrical Impedance
EOSINOPHILS	1.6	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	<b>7332</b>	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2412.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	166.4	Cells/cu.mm	20-500	Calculated
MONOCYTES	488.8	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	3.04		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	243000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>27</b>	mm at the end of 1 hour	0-20	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				
PLATELETS ARE ADEQUATE ON SMEAR				



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



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



SIN No: BED240053381

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |  
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APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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 **1860 500 7788**  
www.apolloclinic.com

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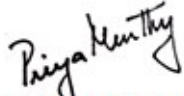
**DEPARTMENT OF HAEMATOLOGY**

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

NO HEMOPARASITES SEEN  
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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



Dr. Priya Murthy  
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UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 04:26PM
Visit ID : CINROPV220480	Status : Final Report
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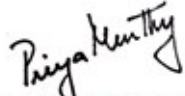
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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



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Age/Gender : 33 Y 1 M 14 D/F	Received : 29/Feb/2024 02:20PM
UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 02:41PM
Visit ID : CINROPV220480	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	88	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

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

Note:

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

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	139	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6	%		HPLC



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:EDT240024116

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DEPARTMENT OF BIOCHEMISTRY

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ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL	Calculated
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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 : CINR.0000163506	Reported : 29/Feb/2024 02:45PM
Visit ID : CINROPV220480	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	240	mg/dL	<200	CHO-POD
TRIGLYCERIDES	145	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	64	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	176	mg/dL	<130	Calculated
LDL CHOLESTEROL	147.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	29	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.75		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 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04645529

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UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 02:45PM
Visit ID : CINROPV220480	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9441721195	

DEPARTMENT OF BIOCHEMISTRY

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



DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST

SIN No:SE04645529

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APOLLO CLINICS NETWORK

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DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.41	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.07	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	64.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.06	g/dL	2.0-3.5	Calculated
A/G RATIO	1.36		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

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

**3. Synthetic function impairment:**

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




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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.77	mg/dL	0.51-0.95	Jaffe's, Method
UREA	24.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	11.3	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.63	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	<b>8.60</b>	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.41	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	<b>135</b>	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	104	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.15	g/dL	3.5-5.2	BROMO CRESOL GREEN
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**DEPARTMENT OF BIOCHEMISTRY**

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

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	15.00	U/L	<38	IFCC



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Patient Name : Mrs.A PRANAVI	Collected : 29/Feb/2024 11:52AM
Age/Gender : 33 Y 1 M 14 D/F	Received : 29/Feb/2024 02:15PM
UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 02:58PM
Visit ID : CINROPV220480	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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)	0.8	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.70	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.063	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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DEPARTMENT OF IMMUNOLOGY

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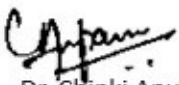


Patient Name : Mrs.A PRANAVI	Collected : 29/Feb/2024 11:52AM
Age/Gender : 33 Y 1 M 14 D/F	Received : 29/Feb/2024 04:25PM
UHID/MR No : CINR.0000163506	Reported : 29/Feb/2024 05:22PM
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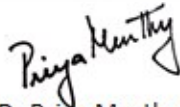
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS 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	HAZY		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
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	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	6-8	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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



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



SIN No:UR2294063

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DEPARTMENT OF CLINICAL PATHOLOGY

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

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

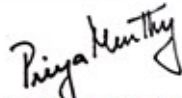
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:  
PERIPHERAL SMEAR



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



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



SIN No: UF010845

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