

| | | | |
|----------------------------|--------------------|--------------------|--------------------|
| Patient Name | : Mr. MUKESH KUMAR | Age/Gender | : 37 Y/M |
| UHID/MR No. | : STAR.0000061614 | OP Visit No | : STAROPV67669 |
| Sample Collected on | : | Reported on | : 24-02-2024 12:41 |
| LRN# | : RAD2246993 | Specimen | : |
| Ref Doctor | : SELF | | |
| Emp/Auth/TPA ID | : BBYPK9850J | | |

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER : The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

GALL BLADDER : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.

PANCREAS : The pancreas is normal in size and echotexture. No focal mass lesion is seen.

SPLEEN : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

KIDNEYS : The **RIGHT KIDNEY** measures 10.3 x 4.3 cms and the **LEFT KIDNEY** measures 10.2 x 4.5 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appears normal. There is no free fluid or any lymphadenopathy seen in the abdomen.

PROSTATE : The prostate measures 3.2 x 2.5 x 2.5 cms and weighs 11.0 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY : The urinary bladder is well distended and is normal in shape and contour.

BLADDER No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

IMPRESSION : **Normal Ultrasound examination of the Abdomen and Pelvis.**



Dr. VINOD SHETTY
Radiology

Patient Name : Mr. MUKESH KUMAR

Age/Gender : 37 Y/M

UHID/MR No. : STAR.0000061614

OP Visit No : STAROPV67669

Sample Collected on :

Reported on : 24-02-2024 13:36

LRN# : RAD2246993

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : BBYPK9850J

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. VINOD SHETTY
Radiology

Patient Name : Mr.MUKESH KUMAR
Age/Gender : 37 Y 1 M 25 D/M
UHID/MR No : STAR.0000061614
Visit ID : STAROPV67669
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : BBYPK9850J

Collected : 24/Feb/2024 09:33AM
Received : 24/Feb/2024 11:03AM
Reported : 24/Feb/2024 01:07PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

Methodology : Microscopic

RBC : Normocytic normochromic


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:BED240048262

Apollo Speciality Hospitals Private Limited

(Formerly known as a Nova Speciality Hospitals Private Limited)

CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:

156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

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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 |
|---|--------|-------------------------|-----------------|---------------------------|
| HEMOGRAM , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 15.6 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 49.40 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 5.1 | Million/cu.mm | 4.5-5.5 | Electrical Impedance |
| MCV | 96.8 | fL | 83-101 | Calculated |
| MCH | 30.6 | pg | 27-32 | Calculated |
| MCHC | 31.6 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.3 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 9,670 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 77 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 12 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 09 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 7445.9 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 1160.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 193.4 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 870.3 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 6.42 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 186000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| ERYTHROCYTE SEDIMENTATION RATE (ESR) | 20 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| PERIPHERAL SMEAR | | | | |

Methodology : Microscopic

RBC : Normocytic normochromic



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PATHOLOGY



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DEPARTMENT OF HAEMATOLOGY

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


WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

IMPRESSION : Normocytic normochromic blood picture

Note/Comment : Please Correlate clinically


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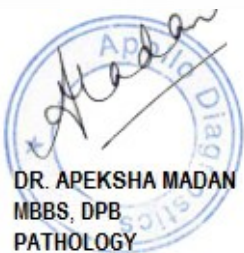
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DEPARTMENT OF HAEMATOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|----------|------|-----------------|--|
| 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 |

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| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 12:14PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 12:24PM |
| Visit ID : STAROPV67669 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : BBYPK9850J | |

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 | 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.



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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| Patient Name : Mr.MUKESH KUMAR | Collected : 24/Feb/2024 02:16PM |
| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 04:36PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 05:27PM |
| Visit ID : STAROPV67669 | Status : Final Report |
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DEPARTMENT OF BIOCHEMISTRY

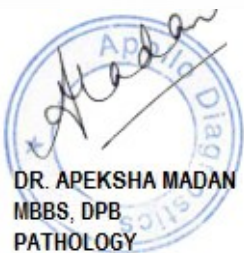
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|-----------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR) | 92 | 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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



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| Patient Name : Mr.MUKESH KUMAR | Collected : 24/Feb/2024 09:33AM |
| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 03:59PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 06:01PM |
| Visit ID : STAROPV67669 | 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 MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 5.2 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 103 | mg/dL | | Calculated |

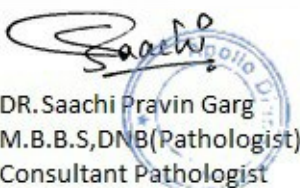
Comment:

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. Saachi Pravin Garg
M.B.B.S,DNB(Pathologist)
Consultant Pathologist

SIN No:EDT240021660



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| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 03:59PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 04:37PM |
| Visit ID : STAROPV67669 | 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 MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|-------------|-------|-----------------|-------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 152 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 193 | mg/dL | <150 | Enzymatic |
| HDL CHOLESTEROL | 51 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 101 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 62.4 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 38.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 2.98 | | 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.



Dr.Sandip Kumar Banerjee
M.B.B.S.,M.D(PATHOLOGY),D.P.B
Consultant Pathologist



SIN No:BI18462356

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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 |
|--|-------------|-------|-----------------|-------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.80 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.20 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.60 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 15 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 24.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 93.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 8.50 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 5.00 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 3.50 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.43 | | 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'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. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



SIN No:SE04640137

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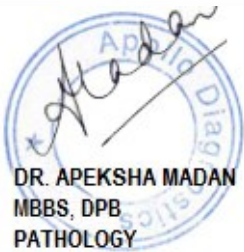
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DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------------|--------|-----------------|------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.88 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 17.50 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 8.2 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 5.00 | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 10.30 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 3.30 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 142 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.7 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 101 | mmol/L | 98-107 | Direct ISE |



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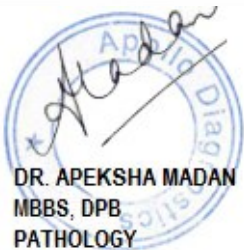
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| Emp/Auth/TPA ID : BBYPK9850J | |

DEPARTMENT OF BIOCHEMISTRY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|------------------------------|
| GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM | 22.00 | U/L | 16-73 | Glycylglycine Kinetic method |

DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:SE04640137

Apollo Speciality Hospitals Private Limited
(Formerly known as a Nova Speciality Hospitals Private Limited)
CIN- U85100TG2009PTC099414
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,
Begumpet, Hyderabad, Telangana - 500016

Address:
156, Famous Cine Labs, Behind Everest Building,
Tardeo (Mumbai Central), Mumbai, Maharashtra
Ph: 022 4332 4500

| | |
|--------------------------------|--|
| Patient Name : Mr.MUKESH KUMAR | Collected : 24/Feb/2024 09:33AM |
| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 12:08PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 02:46PM |
| Visit ID : STAROPV67669 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : BBYPK9850J | |

DEPARTMENT OF IMMUNOLOGY

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

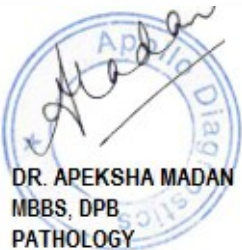
| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.92 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 6.39 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | 4.450 | µIU/mL | 0.25-5.0 | ELFA |

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 |



SIN No: SPL24031794

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Ph: 022 4332 4500

| | |
|--------------------------------|--|
| Patient Name : Mr.MUKESH KUMAR | Collected : 24/Feb/2024 09:33AM |
| Age/Gender : 37 Y 1 M 25 D/M | Received : 24/Feb/2024 01:34PM |
| UHID/MR No : STAR.0000061614 | Reported : 24/Feb/2024 03:27PM |
| Visit ID : STAROPV67669 | Status : Final Report |
| Ref Doctor : Dr.SELF | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : BBYPK9850J | |

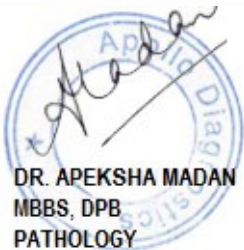
DEPARTMENT OF CLINICAL PATHOLOGY

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

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|-------------|------|------------------|----------------------------|
| 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 | 1.010 | | 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 | ABSENT | /hpf | 0-2 | MICROSCOPY |
| CASTS | NIL | | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS | ABSENT | | ABSENT | MICROSCOPY |

*** End Of Report ***

Page 13 of 13



DR. APEKSHA MADAN
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SIN No:UR2290374

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