Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:04PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 03:29PM
Visit ID	: CBASOPV98314	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 304021		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	13.8	g/dL	13-17	Spectrophotometer
PCV	40.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	**4.19**	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	97	fL	83-101	Calculated
MCH	**33**	pg	27-32	Calculated
MCHC	34.2	g/dL	31.5-34.5	Calculated
R.D.W	12.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	64.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.4	%	20-40	Electrical Impedance
EOSINOPHILS	1.1	%	1-6	Electrical Impedance
MONOCYTES	5.5	%	2-10	Electrical Impedance
BASOPHILS	0.1	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3309.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1448.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	56.1	Cells/cu.mm	20-500	Calculated
MONOCYTES	280.5	Cells/cu.mm	200-1000	Calculated
BASOPHILS	5.1	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	259000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

PLATELETS: appear adequate in number.

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE

SIN No:BED230316314

NABL renewal accreditation under process

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Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:04PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 03:55PM
Visit ID	: CBASOPV98314	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Negative			Microplate Hemagglutination

SIN No:BED230316314

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Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:20PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 02:50PM
Visit ID	: CBASOPV98314	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	**160**	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:

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.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	**245**	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.

HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*

HBA1C, GLYCATED HEMOGLOBIN	**9.6**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	229	mg/dL		Calculated

Comment:

Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:20PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 02:50PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method

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)

SIN No:PLF02076273,PLP1399941,EDT230116889

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Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:19PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 02:16PM
Visit ID	: CBASOPV98314	Status	: Final Report
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Emp/Auth/TPA ID	: 304021		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**204**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	87	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	59	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**145**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**127.6**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	17.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.46		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

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

SIN No:SE04577202

NABL renewal accreditation under process

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Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.79	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.68	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	74.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.34	g/dL	6.6-8.3	Biuret
ALBUMIN	4.23	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.11	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, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. **Cholestatic Pattern:**

• ALP – Disproportionate increase in ALP compared with AST, ALT.

• Bilirubin may be elevated.

• ALP elevation also seen in pregnancy, impacted by age and sex.

• To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. **Synthetic function impairment:**

• Albumin- Liver disease reduces albumin levels.

• Correlation with PT (Prothrombin Time) helps.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method

SIN No:SE04577202

NABL renewal accreditation under process

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Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.96	mg/dL	0.72 – 1.18	JAFFE METHOD
UREA	26.60	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.15	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101–109	ISE (Indirect)

SIN No:SE04577202

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Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 12:19PM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 01:14PM
Visit ID	: CBASOPV98314	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	17.00	U/L	<55	IFCC

SIN No:SE04577202

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Emp/Auth/TPA ID	: 304021		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	**0.69**	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	6.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.926	µIU/mL	0.34-5.60	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

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

SIN No:SPL23187089

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Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 11:51AM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 02:01PM
Visit ID	: CBASOPV98314	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 304021		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - 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	HAZY		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE ++++		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	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-15	/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
Result Rechecked				

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

Result/s to Follow:
PERIPHERAL SMEAR

Patient Name	: Mr.VISHWANATH N KARANTH	Collected	: 21/Dec/2023 09:44AM
Age/Gender	: 59 Y 6 M 0 D/M	Received	: 21/Dec/2023 11:51AM
UHID/MR No	: CBAS.0000090829	Reported	: 21/Dec/2023 02:01PM
Visit ID	: CBASOPV98314	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 304021		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method

Dr. Anisha Hari
MBBS, MD(Pathology)
Consultant Pathologist

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

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

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

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

SIN No:UR2246518

NABL renewal accreditation under process

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFSTYLE 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 | www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

Address:
323/100/123, Doddathangur Village, Neeladri Main Road, Neeladri Nagar, Electronic city, Bengaluru, Karnataka- 560034

1860 500 7788
www.apolloclinic.com

Customer Pending Tests
FITNESS BY GP IS PENDING