

Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 02:58PM
Visit ID : CASROPV222850	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16085	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	16	g/dL	13-17	Spectrophotometer
PCV	45.50	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.36	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	85	fL	83-101	Calculated
MCH	29.9	pg	27-32	Calculated
MCHC	35.2	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,700	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	51.7	%	40-80	Electrical Impedence
LYMPHOCYTES	35.2	%	20-40	Electrical Impedence
EOSINOPHILS	5	%	1-6	Electrical Impedence
MONOCYTES	7.9	%	2-10	Electrical Impedence
BASOPHILS	0.2	%	0-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3463.9	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2358.4	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	335	Cells/cu.mm	20-500	Calculated
MONOCYTES	529.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	13.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.47		0.78- 3.53	Calculated
PLATELET COUNT	178000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR



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

SIN No:BED240079749

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 01:14PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 04:43PM
Visit ID : CASROPV222850	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate technology
Rh TYPE	Positive			Microplate technology



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Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 01:18PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 02:28PM
Visit ID : CASROPV222850	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	222	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

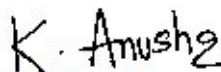
Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ 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.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 12:41PM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 02:51PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 04:29PM
Visit ID : CASROPV222850	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	309	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.

K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:PLP1436162

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UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 05:47PM
Visit ID : CASROPV222850	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	12.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	312	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

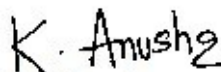
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

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.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



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Chromatogram Report

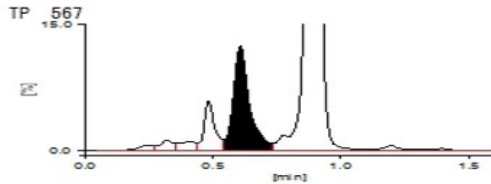
1 V5.28 1 2024-03-23 17:32:27
 ID EDT240036588
 Sample No. 03230255 SL 0023 - 05
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.25	9.50
A1B	0.9	0.32	15.54
F	0.9	0.41	16.42
LA1C+	3.3	0.48	58.01
SA1C	12.5	0.61	182.30
AO	84.9	0.90	1494.65
H-V0			
H-V1			
H-V2			

Y = 1.1567X + 0.5642

Total Area 1776.42

HbA1c 12.5 % **IFCC 114 mmol/mol**
 HbA1 14.0 % HbF 0.9 %



Maruthi
 Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
 Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist

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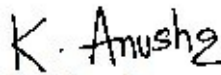
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	115	mg/dL	<200	CHO-POD
TRIGLYCERIDES	226	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	31	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	84	mg/dL	<130	Calculated
LDL CHOLESTEROL	38.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	45.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.71		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.50		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

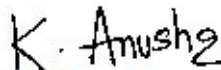
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

- 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.



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist



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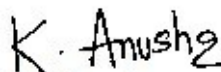
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

- 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 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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M.B.B.S,M.D(Biochemistry)
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.53	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.08	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		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:

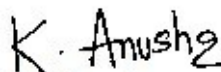
- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

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



Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist



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M.B.B.S,M.D(Biochemistry)
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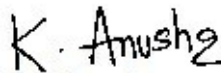
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.61	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	12.40	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	5.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.08	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.79	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	134	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.2	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	100	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.08	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.69	g/dL	2.0-3.5	Calculated
A/G RATIO	1.63		0.9-2.0	Calculated



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PhD (Biochemistry)
Consultant biochemist



Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist



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UHID/MR No	: CASR.0000186760	Reported	: 23/Mar/2024 06:15PM
Visit ID	: CASROPV222850	Status	: Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	23.00	U/L	<55	IFCC

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K. Anusha

Dr.K.Anusha
M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

SIN No:SE04672872

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Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 01:33PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 03:03PM
Visit ID : CASROPV222850	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	0.93	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	7.56	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	6.301	µIU/mL	0.38-5.33	CLIA

Result Rechecked

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

Maruthi
Dr.E.Maruthi Prasad
 PhD (Biochemistry)
 Consultant biochemist

K. Anusha
Dr.K.Anusha
 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



Patient Name : Mr.MAHEEDHAR NARABOINA
Age/Gender : 47 Y 6 M 0 D/M
UHID/MR No : CASR.0000186760
Visit ID : CASROPV222850
Ref Doctor : Dr.SELF
Emp/Auth/TPA ID : bobE16085

Collected : 23/Mar/2024 09:49AM
Received : 23/Mar/2024 01:33PM
Reported : 23/Mar/2024 03:03PM
Status : Final Report
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Maruthi

Dr.E.Maruthi Prasad
PhD (Biochemistry)
Consultant biochemist

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.450	ng/mL	0-4	CLIA

Maruthi

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PhD (Biochemistry)
Consultant biochemist

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M.B.B.S.,M.D(Biochemistry)
Consultant Biochemist

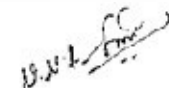


Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 03:58PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 06:50PM
Visit ID : CASROPV222850	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16085	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - 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	1.020		1.002-1.030	Bromothymol Blue
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	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE ++		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	10-12	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UR2314099

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name : Mr.MAHEEDHAR NARABOINA	Collected : 23/Mar/2024 09:49AM
Age/Gender : 47 Y 6 M 0 D/M	Received : 23/Mar/2024 03:50PM
UHID/MR No : CASR.0000186760	Reported : 23/Mar/2024 06:48PM
Visit ID : CASROPV222850	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE16085	

DEPARTMENT OF CLINICAL PATHOLOGY

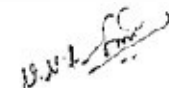
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - TMT - PAN INDIA - FY2324

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)	POSITIVE ++++		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr.SRINIVAS N.S.NORI
M.B.B.S,M.D(Pathology)
CONSULTANT PATHOLOGY

SIN No:UF011342

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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