| | | | |
|---|---|---|---|
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| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:23PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 862546254 | | |

## 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



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Apollo Spectra HOSPITALS
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## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HEMOGRAM ,** *WHOLE BLOOD EDTA* | | | | |
| **HAEMOGLOBIN** | 13.6 | g/dL | 13-17 | CYANIDE FREE COLOUROMETER |
| PCV | 41.20 | % | 40-50 | PULSE HEIGHT AVERAGE |
| RBC COUNT | 4.75 | Million/cu.mm | 4.5-5.5 | Electrical Impedence |
| MCV | 86.7 | fL | 83-101 | Calculated |
| MCH | 28.7 | pg | 27-32 | Calculated |
| MCHC | 33.1 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 12.7 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,830 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| **DIFFERENTIAL LEUCOCYTIC COUNT (DLC)** | | | | |
| NEUTROPHILS | 54 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 32 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 06 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 08 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 00 | % | <1-2 | Electrical Impedance |
| **ABSOLUTE LEUCOCYTE COUNT** | | | | |
| NEUTROPHILS | 3688.2 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2185.6 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 409.8 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 546.4 | Cells/cu.mm | 200-1000 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 1.69 | | 0.78- 3.53 | Calculated |
| **PLATELET COUNT** | 269000 | cells/cu.mm | 150000-410000 | IMPEDENCE/MICROSCOPY |
| **ERYTHROCYTE SEDIMENTATION RATE (ESR)** | 10 | mm at the end of 1 hour | 0-15 | Modified Westergren |
| **PERIPHERAL SMEAR** | | | | |

Methodology : Microscopic

RBC : Normocytic normochromic



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## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC 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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## DEPARTMENT OF HAEMATOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC 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 | A | | | Forward & Reverse Grouping with Slide/Tube Aggluti |
| Rh TYPE | POSITIVE | | | Forward & Reverse Grouping with Slide/Tube Agglutination |



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Apollo Spectra HOSPITALS
TOUCHING LIVES

| | | | |
|---|---|---|---|
| Patient Name | : Mr.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 11:59AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 12:55PM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:46PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **GLUCOSE, FASTING ,** *NAF PLASMA* | **132** | 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)* | 101 | 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.



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Apollo Spectra HOSPITALS
TOUCHING LIVES

| | | | |
|---|---|---|---|
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| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 03:22PM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 04:08PM |
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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **HBA1C (GLYCATED HEMOGLOBIN) ,** *WHOLE BLOOD EDTA* | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | **7.1** | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 157 | 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)



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **LIPID PROFILE ,** *SERUM* | | | | |
| TOTAL CHOLESTEROL | 180 | mg/dL | <200 | CHE/CHO/POD |
| TRIGLYCERIDES | 130 | mg/dL | <150 | |
| HDL CHOLESTEROL | 56 | mg/dL | >40 | CHE/CHO/POD |
| NON-HDL CHOLESTEROL | 124 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 98 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 26 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 3.21 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.01 | | <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<br>Near Optimal 100-129 | 130 - 159 | 160 - 189 | ≥ 190 |
| HDL | ≥ 60 | | | |
| NON-HDL CHOLESTEROL | Optimal <130;<br>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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **LIVER FUNCTION TEST (LFT) ,** *SERUM* | | | | |
| BILIRUBIN, TOTAL | 0.40 | mg/dL | 0.1-1.2 | Azobilirubin |
| BILIRUBIN CONJUGATED (DIRECT) | 0.10 | mg/dL | 0.1-0.4 | DIAZO DYE |
| BILIRUBIN (INDIRECT) | 0.30 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 25 | U/L | 4-44 | JSCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 28.0 | U/L | 8-38 | JSCC |
| ALKALINE PHOSPHATASE | 84.00 | U/L | 32-111 | IFCC |
| PROTEIN, TOTAL | 6.90 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.87 | | 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, 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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324**

- 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 PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) ,** *SERUM* | | | | |
| CREATININE | 0.79 | mg/dL | 0.6-1.1 | ENZYMATIC METHOD |
| UREA | 28.90 | mg/dL | 17-48 | Urease |
| BLOOD UREA NITROGEN | 13.5 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | **7.60** | mg/dL | 4.0-7.0 | URICASE |
| CALCIUM | 9.40 | mg/dL | 8.4-10.2 | CPC |
| PHOSPHORUS, INORGANIC | 2.90 | mg/dL | 2.6-4.4 | PNP-XOD |
| SODIUM | 139 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 98 | mmol/L | 98-107 | Direct ISE |
| PROTEIN, TOTAL | 6.90 | g/dL | 6.7-8.3 | BIURET |
| ALBUMIN | 4.50 | g/dL | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN | 2.40 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.88 | | 0.9-2.0 | Calculated |



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## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **ALKALINE PHOSPHATASE ,** *SERUM* | 84.00 | U/L | 32-111 | IFCC |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CALCIUM ,** *SERUM* | 9.40 | mg/dL | 8.4-10.2 | CPC |

**Comments:-**
Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **C-REACTIVE PROTEIN CRP (QUANTITATIVE) ,** *SERUM* | 5 | mg/L | < 5 | IMMUNOTURBIMETRY |

**Comment:**

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively.Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **ELECTROLYTES - SERUM ,** *SERUM* | | | | |
| SODIUM | 139 | mmol/L | 135-145 | Direct ISE |
| POTASSIUM | 4.8 | mmol/L | 3.5-5.1 | Direct ISE |
| CHLORIDE | 98 | mmol/L | 98-107 | Direct ISE |



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MBBS, DPB
PATHOLOGY

SIN No:SE04783468

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**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.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 10:09AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 10:36AM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:45PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 862546254 | | |

## DEPARTMENT OF BIOCHEMISTRY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) ,** *SERUM* | 25.00 | U/L | 16-73 | Glycylglycine Kinetic method |

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **PHOSPHORUS, INORGANIC ,** *SERUM* | 2.90 | mg/dL | 2.6-4.4 | PNP-XOD |



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Apollo Spectra HOSPITALS
TOUCHING LIVES

| | | | |
|---|---|---|---|
| Patient Name | : Mr.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 10:09AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 10:37AM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:24PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 862546254 | | |

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC 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) | 0.85 | ng/mL | 0.67-1.81 | ELFA |
| THYROXINE (T4, TOTAL) | 6.6 | µg/dL | 4.66-9.32 | ELFA |
| THYROID STIMULATING HORMONE (TSH) | **5.450** | µlU/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 |

**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 |



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| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 10:37AM |
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324**

| | | | | |
|---|---|---|---|---|
| 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

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **VITAMIN D (25 - OH VITAMIN D) ,** *SERUM* | 9 | ng/mL | | ELFA |

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

| VITAMIN D STATUS | VITAMIN D 25 HYDROXY (ng/mL) |
|---|---|
| DEFICIENCY | <10 |
| INSUFFICIENCY | 10 – 30 |
| SUFFICIENCY | 30 – 100 |
| TOXICITY | >100 |

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324



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|---|---|---|---|
| Patient Name | : Mr.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 10:09AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 03:22PM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 04:26PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **VITAMIN B12 ,** *SERUM* | 120 | pg/mL | 120-914 | CLIA |

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



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

SIN No:IM07891637

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## DEPARTMENT OF IMMUNOLOGY

### ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) ,** *SERUM* | 0.420 | ng/mL | 0-4 | ELFA |



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| | | | |
|---|---|---|---|
| Patient Name | : Mr.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 10:09AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 01:06PM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:46PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 862546254 | | |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC 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 | Physical measurement |
| pH | 6.0 | | 5-7.5 | DOUBLE INDICATOR |
| SP. GRAVITY | 1.025 | | 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 | NEGATIVE | | NORMAL | MODIFED EHRLICH REACTION |
| NITRITE | NEGATIVE | | NEGATIVE | Griess reaction |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| **CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY** | | | | |
| PUS CELLS | 2-3 | /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 |

**Comment:**

All urine samples are checked for adequacy and suitability before examination. Microscopy findings are reported as an average of 10 high power fields.



DR. APEKSHA MADAN
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PATHOLOGY

SIN No:UR2388417

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|---|---|---|---|
| Patient Name | : Mr.RAMASWAMY NARAYANAN | Collected | : 17/Jul/2024 10:09AM |
| Age/Gender | : 59 Y 1 M 13 D/M | Received | : 17/Jul/2024 01:06PM |
| UHID/MR No | : STAR.0000064215 | Reported | : 17/Jul/2024 01:46PM |
| Visit ID | : STAROPV71602 | Status | : Final Report |
| Ref Doctor | : Dr.SELF | Sponsor Name | : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID | : 862546254 | | |

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY PLUS PLATIMUM ADVANCE HC MALE - 2D ECHO - PAN INDIA - FY2324**

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



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY

SIN No:UR2388417

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| | | | |
|---|---|---|---|
| **Patient Name** | : Mr. RAMASWAMY NARAYANAN | **Age/Gender** | : 59 Y/M |
| **UHID/MR No.** | : STAR.0000064215 | **OP Visit No** | : STAROPV71602 |
| **Sample Collected on** | : | **Reported on** | : 17-07-2024 12:54 |
| **LRN#** | : RAD2380963 | **Specimen** | : |
| **Ref Doctor** | : SELF | | |
| **Emp/Auth/TPA ID** | : 862546254 | | |

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER :** **The liver is normal in size but shows mild diffuse increased echotexture suggestive of fatty infiltration (Grade I)**. 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 11.2 x 4.1 cms and the **LEFT KIDNEY** measures 11.1 x 5.5 cms in size. Both kidneys are normal in size, shape and echotexture. There is no evidence of hydroneprosis 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 3.0 x 3.0 x 2.6 cms and weighs 12.5 gms. It is normal in size, shape and echotexture. No prostatic calcification is seen.

URINARY **BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it. The bladder wall is normal in thickness.

**IMPRESSION:** **The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected.**

**Dr. VINOD SHETTY**
Radiology

Apollo Spectra® HOSPITALS
Specialists in Surgery

| | | | |
|---|---|---|---|
| **Patient Name** | : Mr. RAMASWAMY NARAYANAN | **Age/Gender** | : 59 Y/M |
| **UHID/MR No.** | : STAR.0000064215 | **OP Visit No** | : STAROPV71602 |
| **Sample Collected on** | : | **Reported on** | : 17-07-2024 12:30 |
| **LRN#** | : RAD2380963 | **Specimen** | : |
| **Ref Doctor** | : SELF | | |
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## 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