



MC-5718

<b>PATIENT NAME : NARENDRA HANSDAH</b>		<b>REF. DOCTOR : SELF</b>	
<b>CODE/NAME &amp; ADDRESS :</b> C000138379 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL F-703, LADO SARAI, MEHRAULISOUTH WEST DELHI NEW DELHI 110030 8800465156	<b>ACCESSION NO :</b> <b>0065XB001935</b>	<b>AGE/SEX :</b> 39 Years Male	<b>Male</b>
	<b>PATIENT ID :</b> NAREM02068465	<b>DRAWN :</b>	
	<b>CLIENT PATIENT ID:</b>	<b>RECEIVED :</b> 24/02/2024 08:24:45	
	<b>ABHA NO :</b>	<b>REPORTED :</b> 26/02/2024 13:43:07	

Test Report Status	Final	Results	Biological Reference Interval	Units
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**CLINICAL PATH - URINALYSIS**

**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**PHYSICAL EXAMINATION, URINE**

COLOR	PALE YELLOW
APPEARANCE	CLEAR

**CHEMICAL EXAMINATION, URINE**

PH	5.5	4.6 - 8.0
SPECIFIC GRAVITY	<b>1.000 Low</b>	1.003 - 1.035
PROTEIN	NOT DETECTED	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NOT DETECTED	
NITRITE	NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED

**MICROSCOPIC EXAMINATION, URINE**

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

METHOD : URINE ROUTINE & MICROSCOPY EXAMINATION BY INTEGRATED AUTOMATED SYSTEM. (PH-DOUBLE INDICATOR,SP. GRAVITY-IONIC CONCEN, GLUCOSE-GOD/POD,PROTEIN- ERROR OF INDICATORS,KETONE-LEGAL'S,BLOOD- PEROXIDASE ACTIVITY-HB,BILIRUBIN-DIAZOTIZATION,UROBILINOGEN-DIAZOTIZATION,NITRITE-GRIESS,LEUKOCYTES- ESTERASES ACTIVITY)

**Dr. Deepak Sanghavi,M.D(Path)**  
**(Reg.no.MMC2004/03/1530)**  
**Chief Of Lab - Mumbai Reference Lab**



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**PERFORMED AT :**

Agilus Diagnostics Ltd  
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Mumbai, 400062  
Maharashtra, India  
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CIN - U74899PB1995PLC045956



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**Interpretation(s)**

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

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**CLINICAL PATH - STOOL ANALYSIS**

**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**PHYSICAL EXAMINATION,STOOL**

COLOUR	BROWN		
CONSISTENCY	SEMI FORMED		
MUCUS	NOT DETECTED	NOT DETECTED	
VISIBLE BLOOD	ABSENT	ABSENT	
ADULT PARASITE	NOT DETECTED		

METHOD : MICROSCOPIC EXAMINATION

**CHEMICAL EXAMINATION,STOOL**

STOOL PH	6.0		
OCCULT BLOOD	NOT DETECTED	NOT DETECTED	

METHOD : MODIFIED GUAIAC METHOD

**MICROSCOPIC EXAMINATION,STOOL**

PUS CELLS	NOT DETECTED		/hpf
METHOD : MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
METHOD : MICROSCOPIC EXAMINATION			
CYSTS	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
OVA	NOT DETECTED		
METHOD : MICROSCOPIC EXAMINATION			
LARVAE	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
TROPHOZOITES	NOT DETECTED	NOT DETECTED	
METHOD : MICROSCOPIC EXAMINATION			
FAT	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		

**Dr. Sukanya Verma**  
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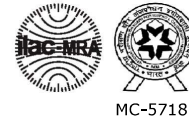


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**Interpretation(s)**

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
<b>Pus cells</b>	Pus in the stool is an indication of infection
<b>Red Blood cells</b>	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
<b>Parasites</b>	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
<b>Mucus</b>	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
<b>Charcot-Leyden crystal</b>	Parasitic diseases.
<b>Ova &amp; cyst</b>	Ova & cyst indicate parasitic infestation of intestine.
<b>Frank blood</b>	Bleeding in the rectum or colon.
<b>Occult blood</b>	Occult blood indicates upper GI bleeding.
<b>Macrophages</b>	Macrophages in stool are an indication of infection as they are protective cells.
<b>Epithelial cells</b>	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
<b>Fat</b>	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
<b>pH</b>	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

**ADDITIONAL STOOL TESTS :**

- Stool Culture:** - This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin:** It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay:** This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.

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- 6. **Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.

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**SPECIALISED CHEMISTRY - HORMONE**

**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**THYROID PANEL, SERUM**

T3	131.0	80.0 - 200.0	ng/dL
METHOD : COMPETITIVE ELECTROCHEMILUMINESCENCE IMMUNOASSAY			
T4	8.90	5.10 - 14.10	µg/dL
METHOD : COMPETITIVE ELECTROCHEMILUMINESCENCE IMMUNOASSAY			
TSH (ULTRASENSITIVE)	2.360	0.270 - 4.200	µIU/mL
METHOD : SANDWICH ELECTROCHEMILUMINESCENCE IMMUNOASSAY			

**Interpretation(s)**

**Triiodothyronine T3**, **Thyroxine T4**, and **Thyroid Stimulating Hormone TSH** are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of FT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism

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8800465156

**ACCESSION NO : 0065XB001935**

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**ABHA NO :**

**AGE/SEX : 39 Years Male**

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6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.  
**NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.**

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**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**XRAY-CHEST**

IMPRESSION NO ABNORMALITY DETECTED

**ECG**

ECG WITHIN NORMAL LIMITS PLEASE CORRELATE CLINICALLY

**MEDICAL HISTORY**

RELEVANT PRESENT HISTORY	CVS 2ND DOSE.
RELEVANT PAST HISTORY	NOT SIGNIFICANT
RELEVANT PERSONAL HISTORY	NOT SIGNIFICANT
RELEVANT FAMILY HISTORY	NOT SIGNIFICANT
HISTORY OF MEDICATIONS	NOT SIGNIFICANT

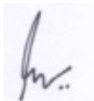
**ANTHROPOMETRIC DATA & BMI**

HEIGHT IN METERS	1.57	mts
WEIGHT IN KGS.	78	Kgs
BMI	32	kg/sqmts

BMI & Weight Status as follows:  
 Below 18.5: Underweight  
 18.5 - 24.9: Normal  
 25.0 - 29.9: Overweight  
 30.0 and Above: Obese

**GENERAL EXAMINATION**

MENTAL / EMOTIONAL STATE	NORMAL
PHYSICAL ATTITUDE	NORMAL
GENERAL APPEARANCE / NUTRITIONAL STATUS	OBESE



**Dr. Rajesh Nayak**  
**Consultant Radiologist**



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**Patient Ref. No. 77500006548429**



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BUILT / SKELETAL FRAMEWORK	AVERAGE			
FACIAL APPEARANCE	NORMAL			
SKIN	NORMAL			
UPPER LIMB	NORMAL			
LOWER LIMB	NORMAL			
NECK	NORMAL			
NECK LYMPHATICS / SALIVARY GLANDS	NOT ENLARGED OR TENDER			
THYROID GLAND	NOT ENLARGED			
CAROTID PULSATION	NORMAL			
TEMPERATURE	NORMAL			
PULSE	68/MIN, REGULAR, ALL PERIPHERAL PULSES WELL FELT, NO CAROTID BRUIT			
RESPIRATORY RATE	NORMAL			

**CARDIOVASCULAR SYSTEM**

BP	130/70 MM HG (SUPINE)	mm/Hg
PERICARDIUM	NORMAL	
APEX BEAT	NORMAL	
HEART SOUNDS	NORMAL	
MURMURS	ABSENT	

**RESPIRATORY SYSTEM**

SIZE AND SHAPE OF CHEST	NORMAL
MOVEMENTS OF CHEST	SYMMETRICAL
BREATH SOUNDS INTENSITY	NORMAL
BREATH SOUNDS QUALITY	VESICULAR (NORMAL)
ADDED SOUNDS	ABSENT

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**PER ABDOMEN**

APPEARANCE	NORMAL
VENOUS PROMINENCE	ABSENT
LIVER	NOT PALPABLE
SPLEEN	NOT PALPABLE
HERNIA	ABSENT

**CENTRAL NERVOUS SYSTEM**

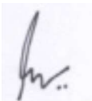
HIGHER FUNCTIONS	NORMAL
CRANIAL NERVES	NORMAL
CEREBELLAR FUNCTIONS	NORMAL
SENSORY SYSTEM	NORMAL
MOTOR SYSTEM	NORMAL
REFLEXES	NORMAL

**MUSCULOSKELETAL SYSTEM**

SPINE	NORMAL
JOINTS	NORMAL

**BASIC EYE EXAMINATION**

CONJUNCTIVA	NORMAL
EYELIDS	NORMAL
EYE MOVEMENTS	NORMAL
CORNEA	NORMAL
DISTANT VISION RIGHT EYE WITH GLASSES	WITH GLASSES NORMAL (6/6)
DISTANT VISION LEFT EYE WITH GLASSES	WITH GLASSES NORMAL (6/6)
NEAR VISION RIGHT EYE WITH GLASSES	WITHIN NORMAL LIMIT (N/6)
NEAR VISION LEFT EYE WITH GLASSES	WITHIN NORMAL LIMIT (N/6)



**Dr. Rajesh Nayak**  
Consultant Radiologist



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Mumbai, 400093  
Maharashtra, India  
Tel : 09152729959/9111591115, Fax :  
CIN - U74899PB1995PLC045956



**Patient Ref. No. 775000006548429**

PATIENT NAME : NARENDRA HANSDAH

REF. DOCTOR : SELF

CODE/NAME &amp; ADDRESS : C000138379

 ARCOFEMI HEALTHCARE LTD (MEDIWHEEL  
 F-703, LADO SARAI, MEHRAULISOUTH WEST  
 DELHI  
 NEW DELHI 110030  
 8800465156

ACCESSION NO : 0065XB001935

PATIENT ID : NAREM02068465

CLIENT PATIENT ID:

ABHA NO :

AGE/SEX : 39 Years Male

DRAWN :

RECEIVED : 24/02/2024 08:24:45

REPORTED : 26/02/2024 13:43:07

Test Report Status **Final**

Results

Biological Reference Interval Units

COLOUR VISION

OUT OF 17 NUMBERED PLATES 17

**BASIC ENT EXAMINATION**

EXTERNAL EAR CANAL

NORMAL

TYMPANIC MEMBRANE

NORMAL

NOSE

NO ABNORMALITY DETECTED

SINUSES

NORMAL

THROAT

NO ABNORMALITY DETECTED

TONSILS

NOT ENLARGED

**SUMMARY**

RELEVANT HISTORY

CVS 2ND DOSE.

RELEVANT GP EXAMINATION FINDINGS

OBESE

RELEVANT LAB INVESTIGATIONS

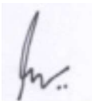
 RAISED ESR(11)  
 RAISED TRIGLYCERIDES(213).  
 LOW HDL CHOLESTEROL(35).  
 RAISED NON HDL CHOLESTEROL(150).  
 RAISED DIRECT LDL CHOLESTEROL(107)

RELEVANT NON PATHOLOGY DIAGNOSTICS

NO ABNORMALITIES DETECTED

REMARKS / RECOMMENDATIONS

 REGULAR PHYSICAL EXERCISES / LOW CALORIC DIET  
 REDUCE FATTY AND PROCESSED FOOD IN DIET


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 Consultant Radiologist

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**MEDI WHEEL FULL BODY HEALTH CHECK UP BELOW 40 MALE**

**ULTRASOUND ABDOMEN**

**ULTRASOUND ABDOMEN**

NO ABNORMALITIES DETECTED

**TMT OR ECHO**

**CLINICAL PROFILE**

NEGATIVE

**Interpretation(s)**

MEDICAL

HISTORY\_\*\*\*\*\*:  
THIS REPORT CARRIES THE SIGNATURE OF OUR LABORATORY DIRECTOR. THIS IS AN INVIOABLE FEATURE OF OUR LAB MANAGEMENT SOFTWARE. HOWEVER, ALL EXAMINATIONS AND INVESTIGATIONS HAVE BEEN CONDUCTED BY OUR PANEL OF DOCTORS.

\*\*\*\*\*

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

**Please visit [www.agilusdiagnostics.com](http://www.agilusdiagnostics.com) for related Test Information for this accession**

**Dr.Rajesh Nayak**  
**Consultant Radiologist**



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Results

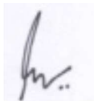
Biological Reference Interval Units

**CONDITIONS OF LABORATORY TESTING & REPORTING**

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
  - i. Specimen received is insufficient or inappropriate
  - ii. Specimen quality is unsatisfactory
  - iii. Incorrect specimen type
  - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

**Agilus Diagnostics Limited**

Fortis Hospital, Sector 62, Phase VIII,  
Mohali 160062



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