



Name : Mr. CHANDRESHKUMAR TRIPATHI
Lab No. : 393898193
Ref By : SELF
Collected : 8/3/2025 10:02:00AM
A/c Status : P
Collected at : WALKIN - BORIVALI LAB, BORIVALI WEST
3rd Floor, 301/302, Vini Elegance Above Tanishq
Showroom, Borivali West, Mumbai

Age : 42 Years
Gender : Male
Reported : 9/3/2025 5:13:41PM
Report Status : Final
Processed at : SDRL, VIDYAVIHAR

Corporate ID : proposal_no-22E56232

MediWheel Full Body Health Checkup Male >40/2D ECH
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	1.26	<4.00 ng/mL	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-28 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays. ☐ PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.





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- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert





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MediWheel Full Body Health Checkup Male >40/2D ECH
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh Typing	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia





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MediWheel Full Body Health Checkup Male >40/2D ECH
BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Leena Salunkhe
DPB
HOD

Dr Namrata Raul
MD, Biochemistry
Consultant Biochemist

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist



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MediWheel Full Body Health Checkup Male >40/2D ECH
CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.5	13.0 - 17.0 g/dL	Spectrophotometric
RBC	4.5	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	44.1	40.0 - 50.0 %	Calculated
MCV	98.3	81.0 - 101.0 fL	Measured
MCH	32.4	27.0 - 32.0 pg	Calculated
MCHC	32.9	31.5 - 34.5 g/dL	Calculated
RDW	14.7	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8170	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.3	20.0 - 40.0 %	
Absolute Lymphocytes	3537.6	1000.0 - 3000.0 /cmm	Calculated
Monocytes	6.7	2.0 - 10.0 %	
Absolute Monocytes	547.4	200.0 - 1000.0 /cmm	Calculated
Neutrophils	47.5	40.0 - 80.0 %	
Absolute Neutrophils	3880.8	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	2.3	1.0 - 6.0 %	
Absolute Eosinophils	187.9	20.0 - 500.0 /cmm	Calculated
Basophils	0.2	0.1 - 2.0 %	
Absolute Basophils	16.3	20.0 - 100.0 /cmm	Calculated





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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	254000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.7	6.0 - 11.0 fL	Measured
PDW	27.3	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Others	Normocytic Normochromic		

Specimen: EDTA whole blood





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MediWheel Full Body Health Checkup Male >40/2D ECH
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	10.00	2.00 - 15.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sick cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.





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MediWheel Full Body Health Checkup Male >40/2D ECH

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	103.71	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	128.76	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	15.30	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	7.15	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.75	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	115.45	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
TOTAL PROTEINS, Serum	7.72	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.35	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.37	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.29	1.00 - 2.00	Calculated
URIC ACID, Serum	5.12	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	3.55	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.24	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	138.00	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.6	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	97.50	98.00 - 107.00 mmol/L	Indirect ISE

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation





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MediWheel Full Body Health Checkup Male >40/2D ECH

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	134.1	mg/dL	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.



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FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	_Sample Not Received		



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Glucose & Ketones, Urine

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (PP)	_Sample Not Received		





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LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
CHOLESTEROL, Serum	202	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	146	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	37	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	165	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	136	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	29	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.





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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	5.32	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	17.50	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	2.51	0.35 - 5.50 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)			

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)





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LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.72	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.35	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.37	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.29	1.00 - 2.00	Calculated
SGOT (AST), Serum	25.20	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.70	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	30.50	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.70	40.00 - 130.00 U/L	Colorimetric





Name : Mr. CHANDRESHKUMAR TRIPATHI
Lab No. : 393898193
Ref By : SELF
Collected : 8/3/2025 10:02:00AM
A/c Status : P
Collected at : WALKIN - BORIVALI LAB, BORIVALI WEST
 3rd Floor, 301/302, Vini Elegance Above Tanishq
 Showroom, Borivali West, Mumbai
Age : 42 Years
Gender : Male
Reported : 9/3/2025 5:13:41PM
Report Status : Final
Processed at : BORIVALI LAB, BORIVALI WEST

ID : proposal_no-22E56232

MediWheel Full Body Health Checkup Male >40/2D ECH
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

PHYSICAL EXAMINATION

EXAMINATION OF FAECES	.Sample Not Received
-----------------------	----------------------

CHEMICAL EXAMINATION

MICROSCOPIC EXAMINATION





Name : Mr. CHANDRESHKUMAR TRIPATHI
Lab No. : 393898193
Ref By : SELF
Collected : 8/3/2025 10:02:00AM
A/c Status : P
Collected at : WALKIN - BORIVALI LAB, BORIVALI WEST
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Showroom, Borivali West, Mumbai

Age : 42 Years
Gender : Male
Reported : 9/3/2025 5:13:41PM
Report Status : Final
Processed at : BORIVALI LAB, BORIVALI WEST

ID : proposal_no-22E56232

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.009	1.002-1.035	Chemical Indicator
Reaction (pH)	7.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC) Pus cells / hpf	0.4	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.00	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.2	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	32.30	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar Mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab



Name : Mr. CHANDRESHKUMAR TRIPATHI
Lab No. : 393898193
Ref By : SELF
Collected : 8/3/2025 10:02:00AM
A/c Status : P
Collected at : WALKIN - BORIVALI LAB, BORIVALI WEST
3rd Floor, 301/302, Vini Elegance Above Tanishq
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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

-----End of report -----



IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

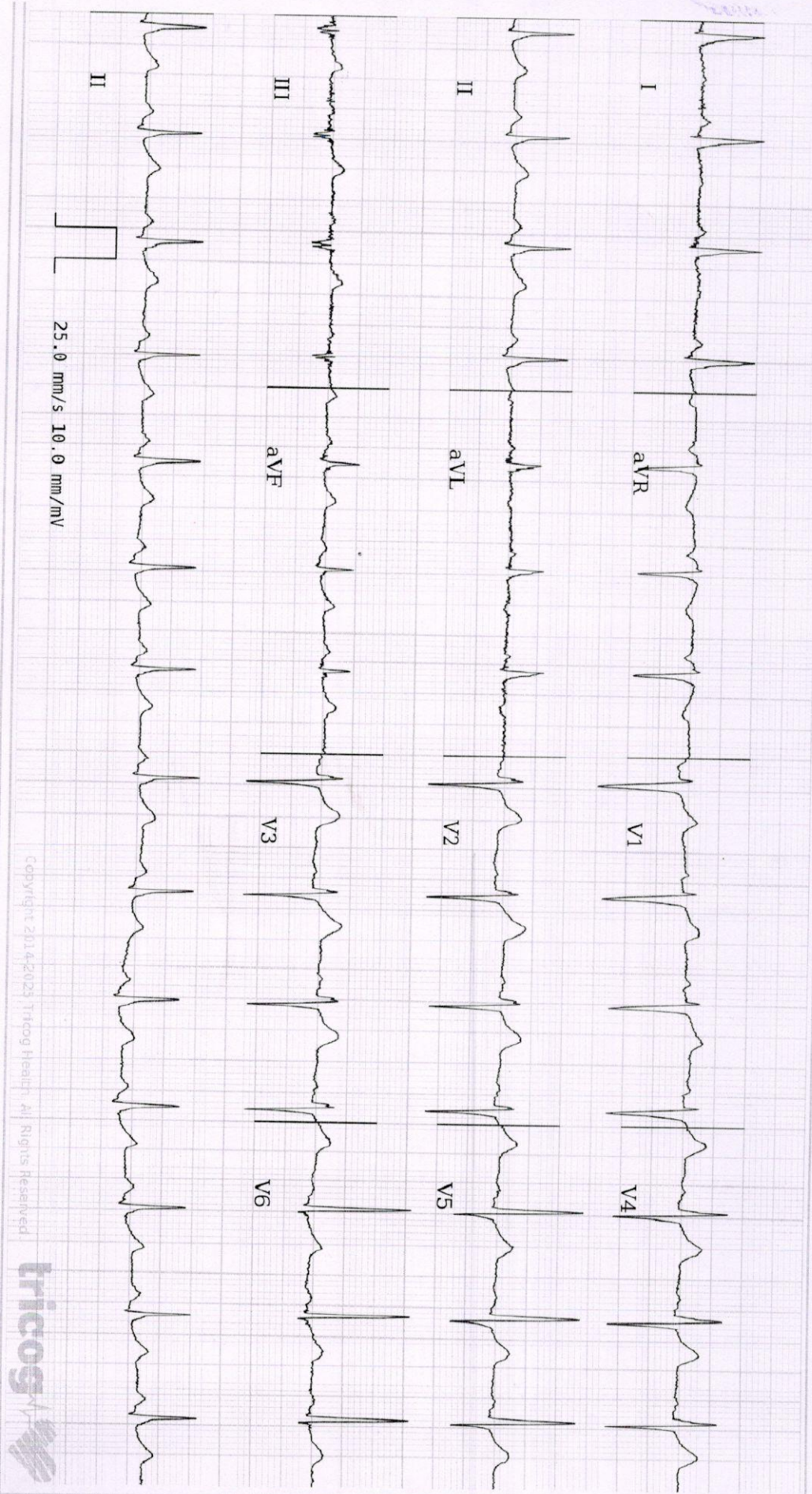
If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



SUBURBAN DIAGNOSTICS - BOKRIYALI WEST
Patient Name: CHANDRESHKUMAR TRIPATHI Date and Time: 8th Mar 25 12:54 PM
Patient ID: 393898193



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Age **42** **1** **20**
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 88ms
QT: 362ms
QTcB: 43ms
PR: 146ms
P-R-T: 49° 20° 64°

REPORTED BY

Dr Nitin Sonawane
M.B.B.S AFI.H. D.DIAB. D.CARD
Consultant Cardiologist
87714

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: CHANDRESHKUMAR TRIPATHI

Date: 08-03-2025 Time: 15:18

Age: 42 Gender: M Height: 173 cms Weight: 84 Kg ID: 393898193

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 178 Target HR: 151 (85% of Pr. MHR)
Exercise Time: 0:09:01 Achieved Max HR: 150 (84% of Pr. MHR)
Max BP: 150/80 Max BP x HR: 22500 Max Mets: 10.1
Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:09	1	0	0	90	130/80	11700	0.9 V4	0.3 V2
Standing	00:06	1	0	0	93	130/80	12090	1 V4	0.3 V4
HyperVentilation	00:06	1	0	0	83	130/80	10790	0.8 V3	-0.3 II
PreTest	00:07	1	1.6	0	90	130/80	11700	1.6 V1	-4 II
Stage: 1	03:00	4.7	2.7	10	113	140/80	15820	0.7 V5	0.3 V2
Stage: 2	03:00	7	4	12	130	140/80	18200	0.9 I	0.5 V3
Stage: 3	03:00	10.1	5.5	14	150	150/80	22500	-1.9 V5	0.8 V3
Peak Exercise	00:01	10.1	6.8	16	150	150/80	22500	-1.9 V5	0.8 V3
Recovery1	01:00	1	0	0	119	150/80	17850	1.4 V3	0.6 V3
Recovery2	01:00	1	0	0	106	130/80	13780	0.6 V3	0.3 V3
Recovery3	01:00	1	0	0	103	130/80	13390	0.7 V5	0.2 V3
Recovery4	01:00	1	0	0	100	130/80	13000	0.4 V2	0.3 V2
Recovery5	00:21	1	0	0	94	130/80	12220	-0.5 aVR	0.2 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:01 achieving a work level of 10.1 METS.
Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 150bpm (84% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise
Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (P) Pvt. Ltd.
301 & 302
Above
Borivali Road,
Mumbai - 400 092

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
Cardiovit CS-20 Version:3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

STLevel(mm) STSlope(mV/s)

Stage: Supine

Date: 08-03-2025
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:09
THR: 151 bpm

HR: 90 bpm

60% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

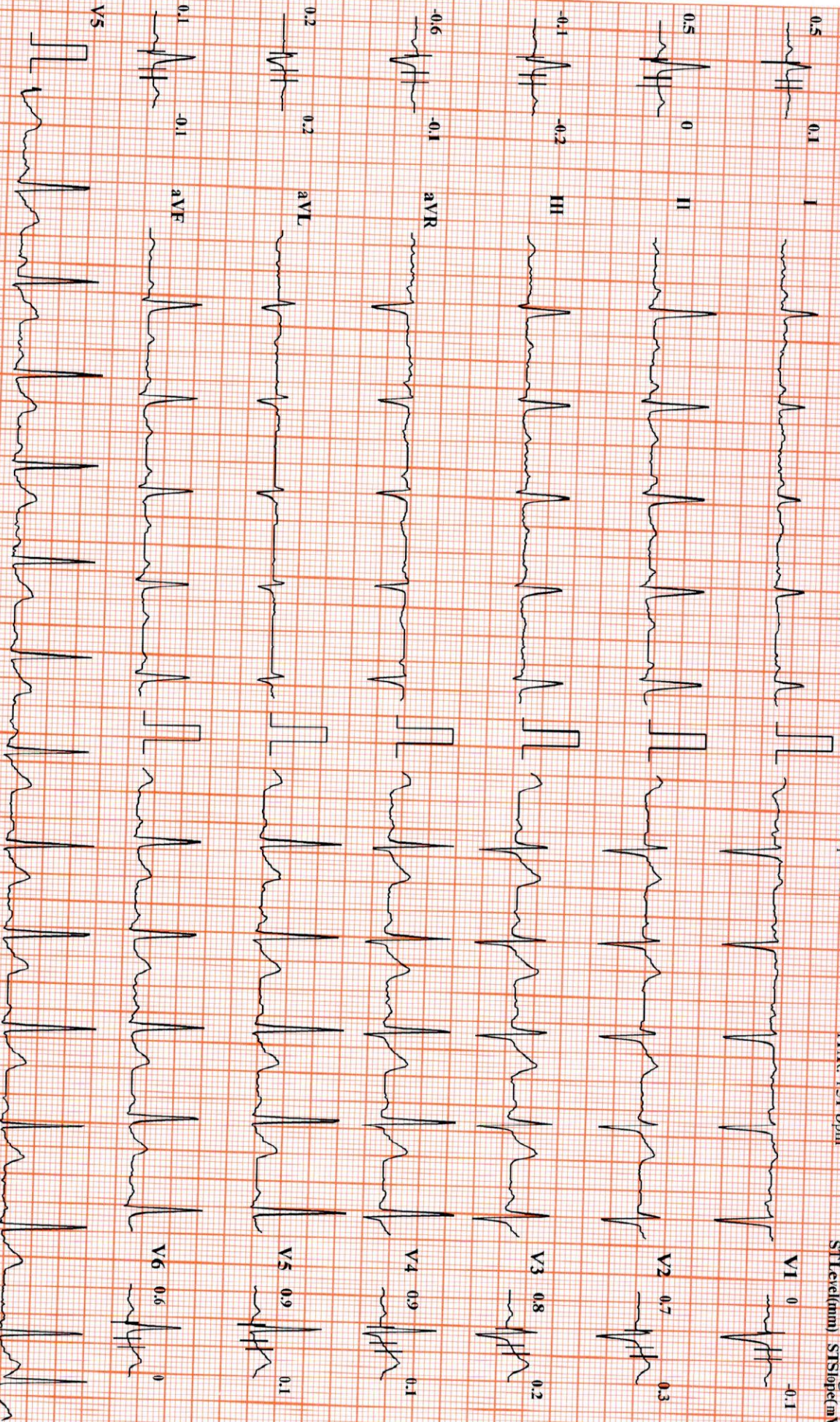


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol
ST Level (mm) ST Slope (mV/s)

ID: 393898193
Stage: Standing

Date: 08-03-2025
Speed: 0

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:06
THR: 151 bpm

HR: 93 bpm
62% of THR
BP: 130/80 mmHg
ST Level (mm) ST Slope (mV/s)

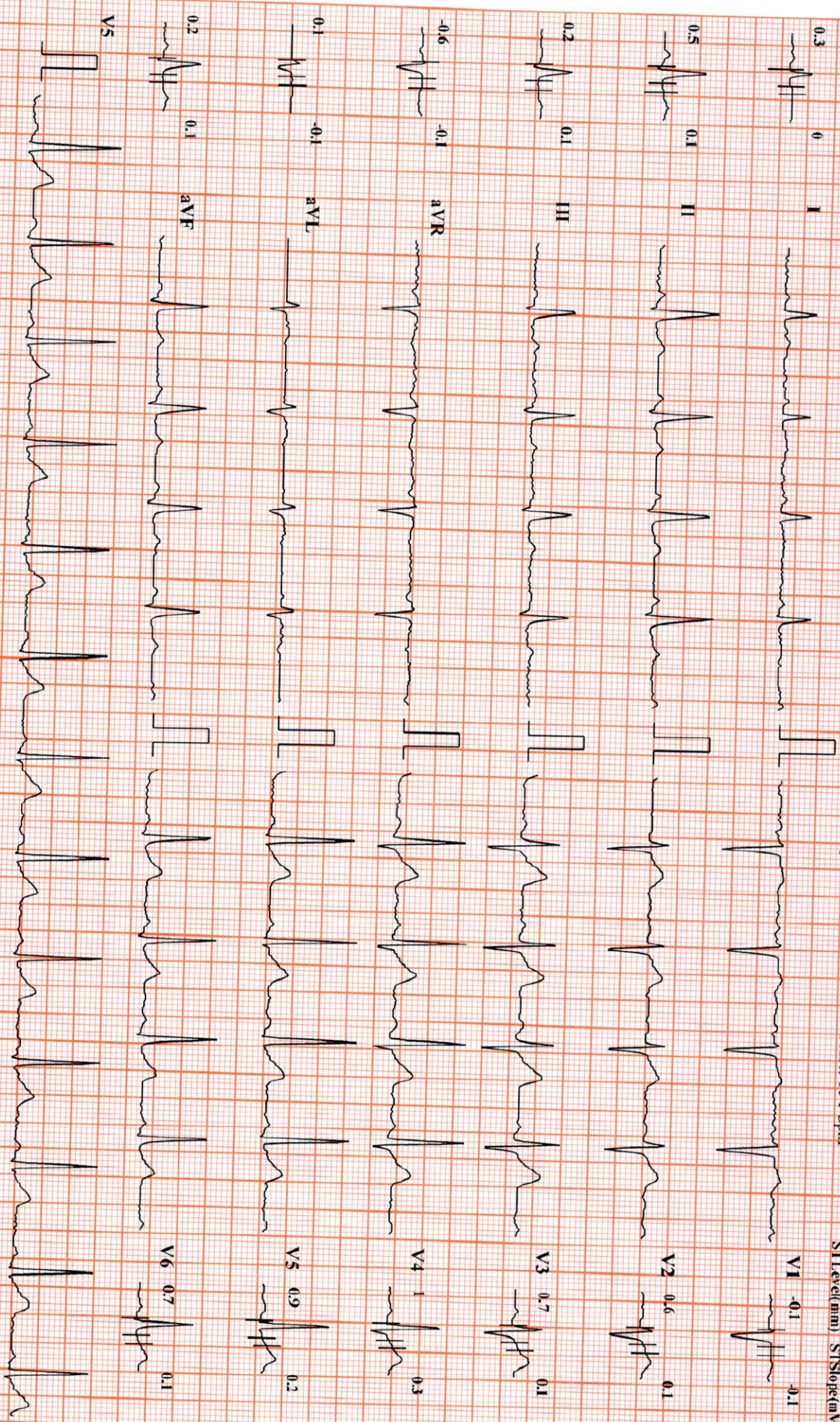


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

Date: 08-03-2025

Exec Time : 0:00:00

Stage Time: 00:06

HR: 83 bpm

55% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation Speed: 0

Slope: 0%

THR: 151 bpm

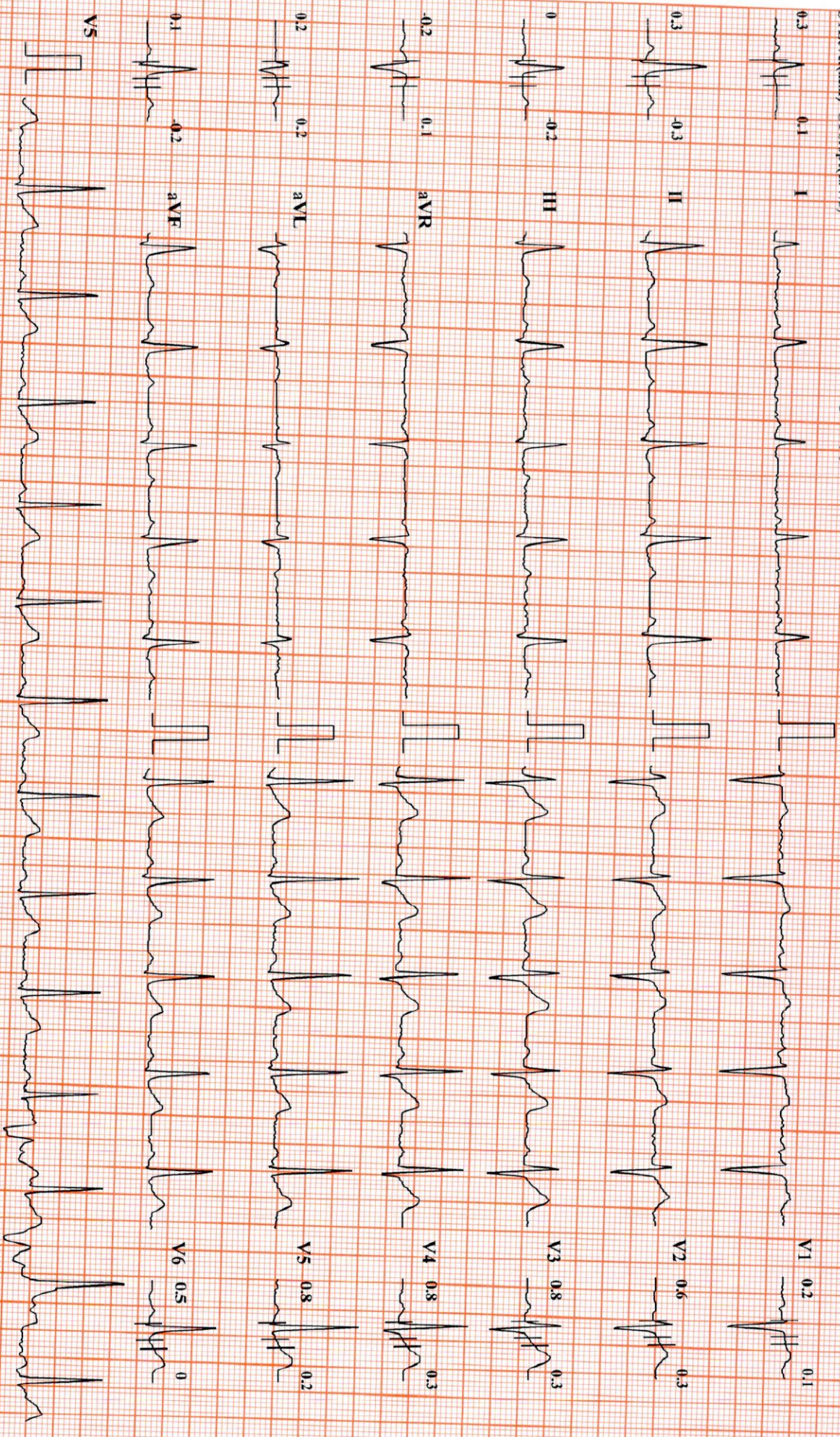


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

Date: 08-03-2025

Exec Time : 0:03:00

Stage Time: 03:00

HR: 113 bpm

75% of THR

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 151 bpm

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

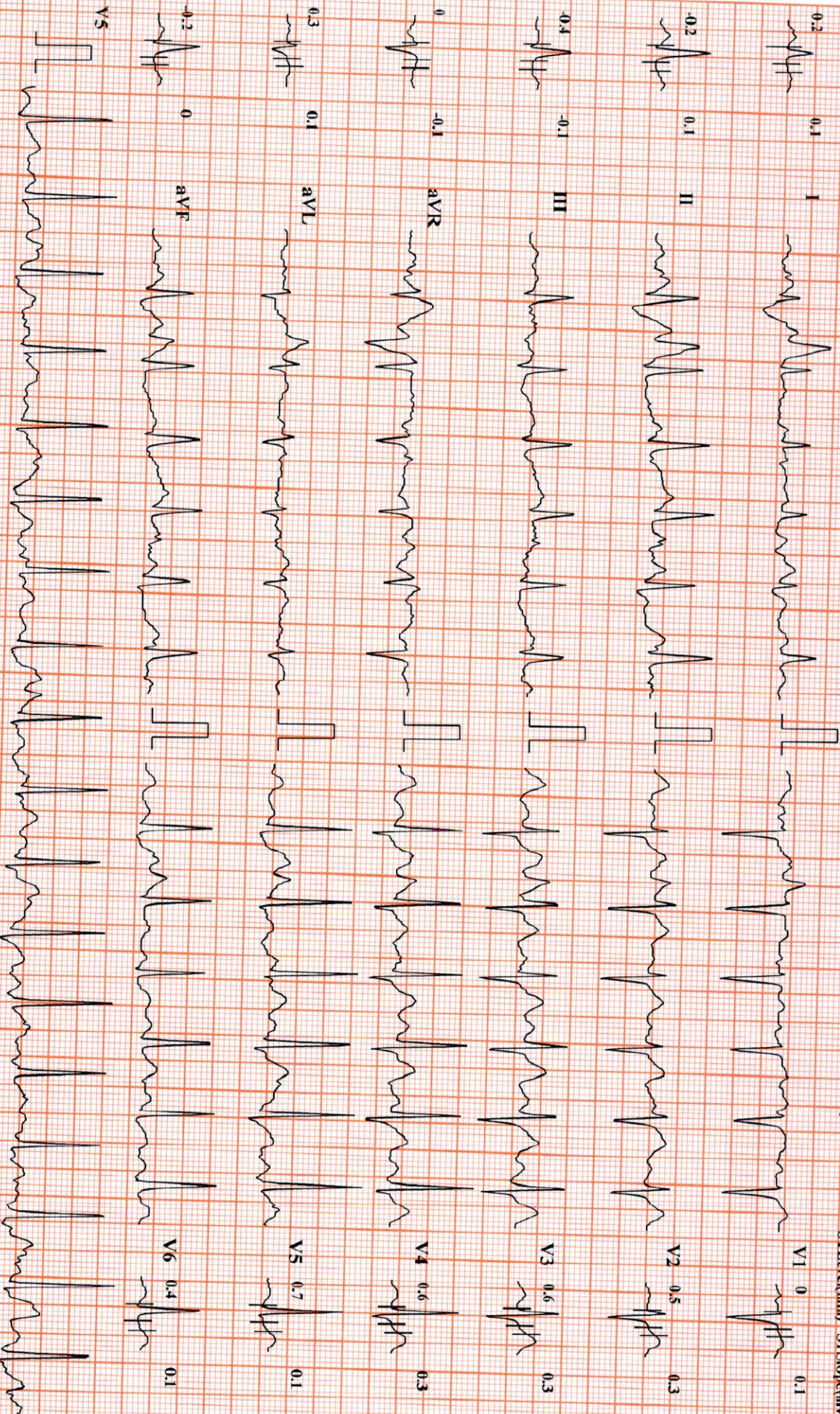


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

Date: 08-03-2025

Exec Time: 0:06:00

Stage Time: 03:00

HR: 130 bpm

86% of THR

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 151 bpm

STLevel(mm) STSlope(mV/s)

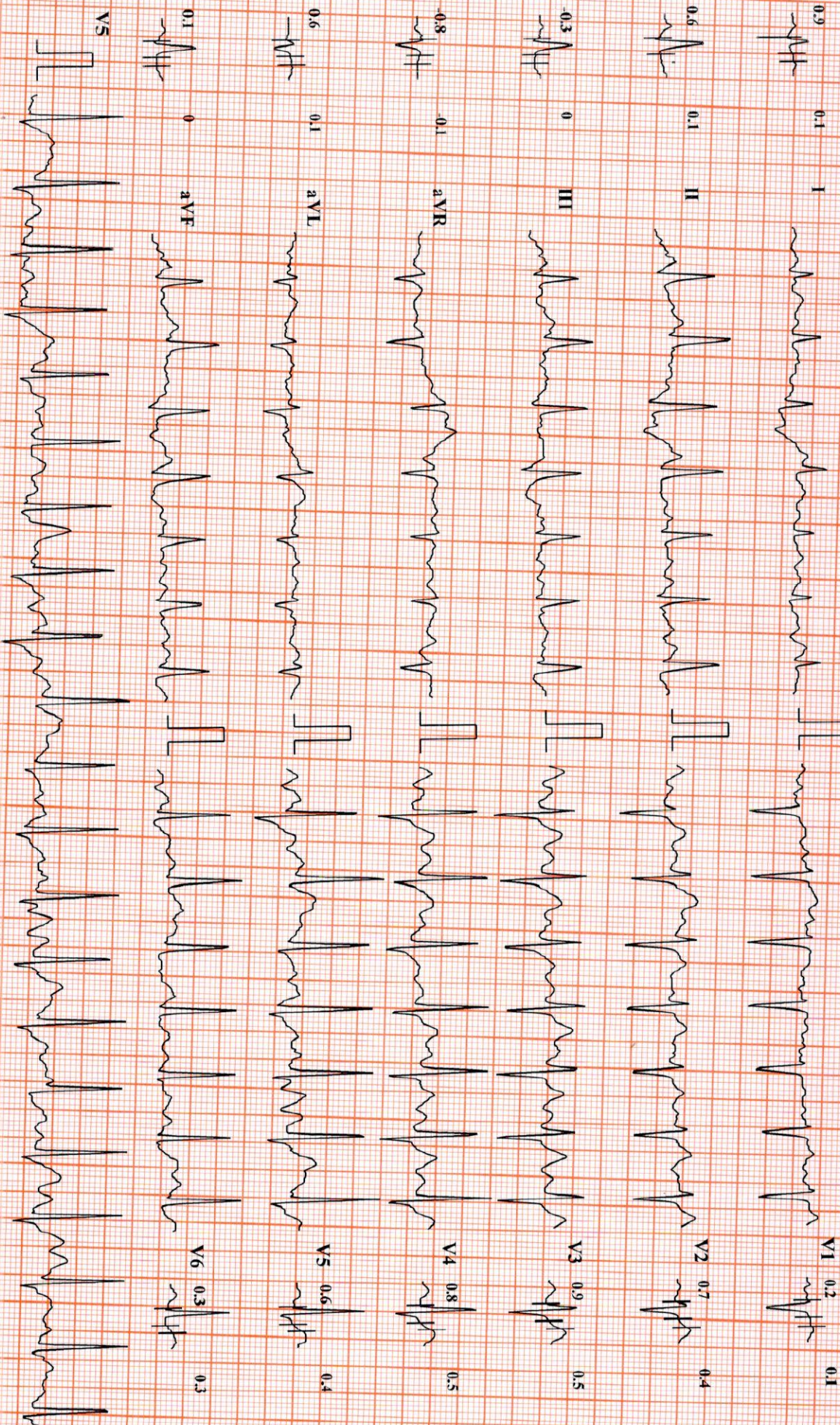


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 393898193
Stage: 3

Date: 08-03-2025
Speed: 5.5 kmph

Exec Time: 0:09:00
Slope: 14 %

Stage Time: 03:00
THR: 151 bpm

HR: 150 bpm
99% of THR
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

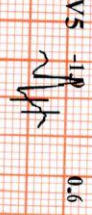
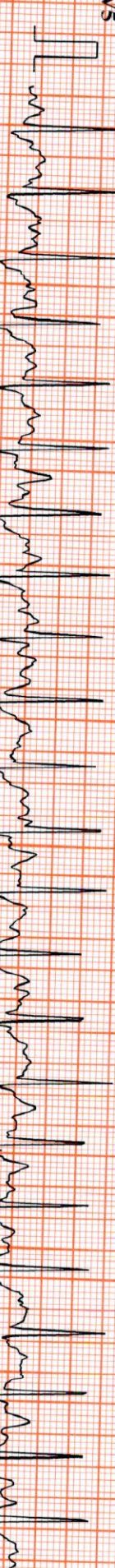
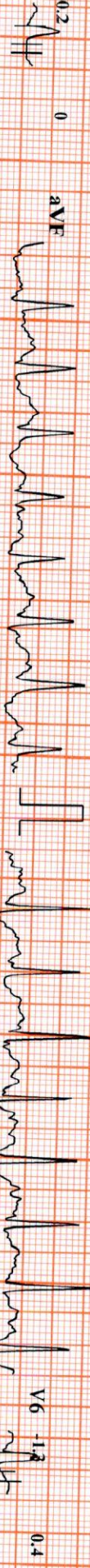
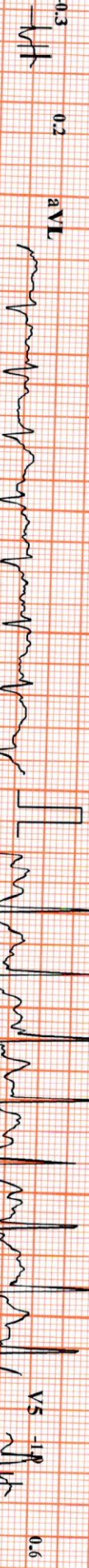
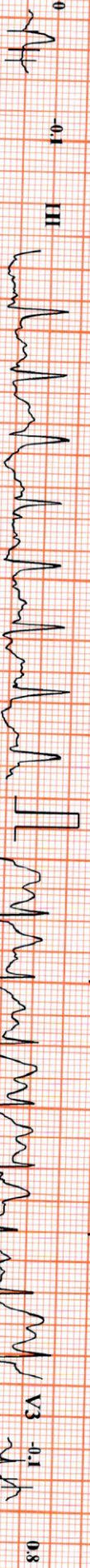
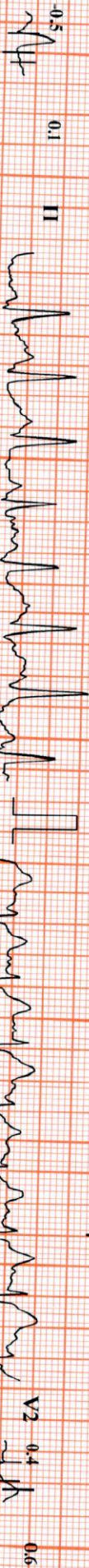
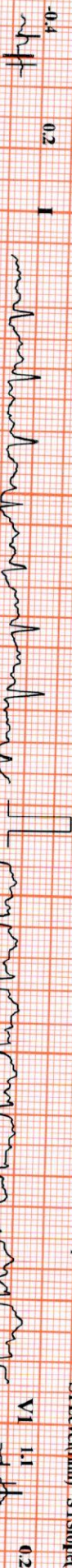


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R-60 ms, J = R+60 ms, Post J = J+60 ms

Schiller Cardiovit CS-20 Version 3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

Date: 08-03-2025

Exec Time: 0:09:01

Stage Time: 00:01

HR: 150 bpm

99% of THR

BP: 150/80 mmHg

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 151 bpm

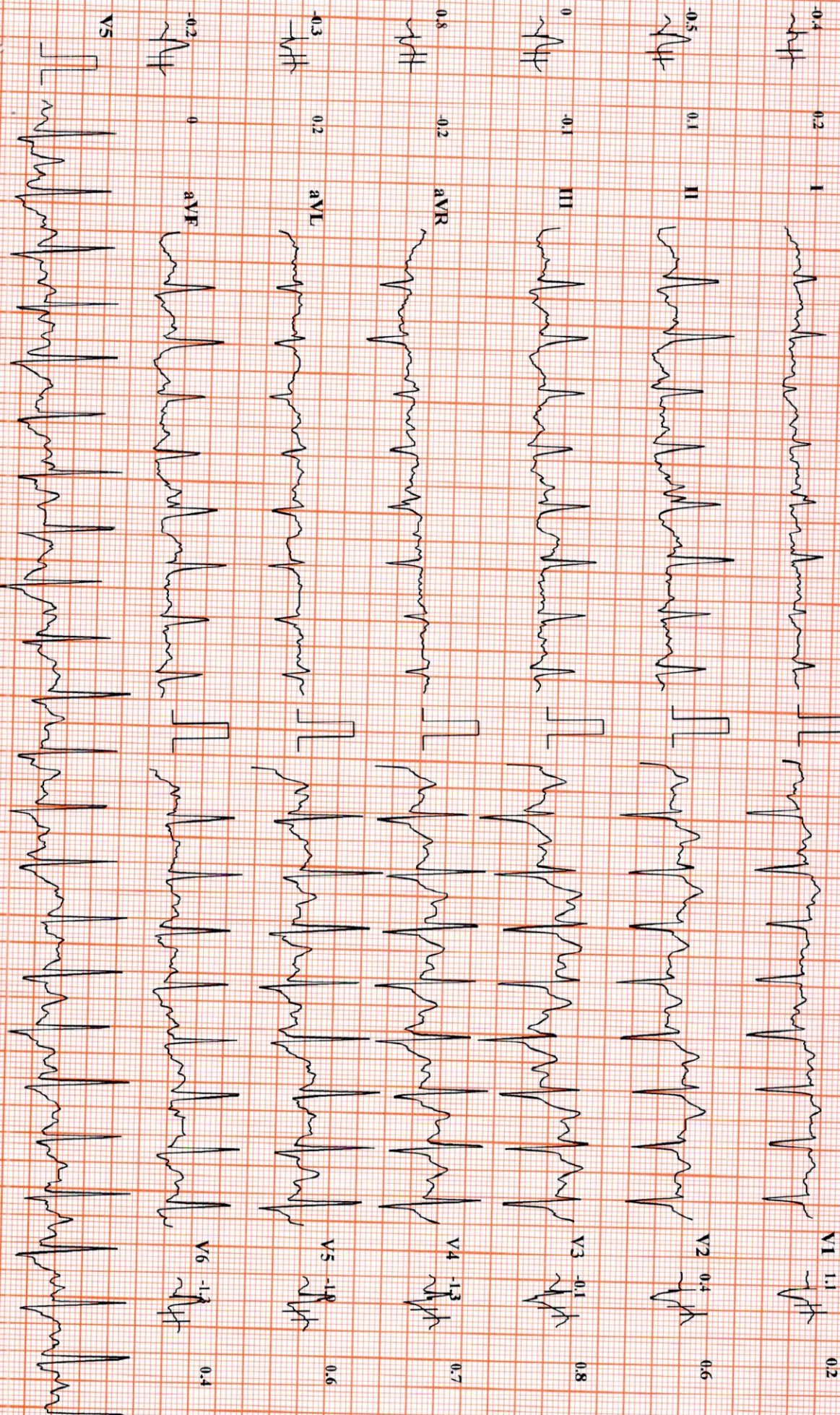


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Brice Protocol

ID: 393898193

Date: 08-03-2025

Exec Time: 00:00

Stage Time: 01:00

HR: 119 bpm

79% of THR

STLevel(mm) STSlope(mV/s)

Stage: Recovery-1

Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

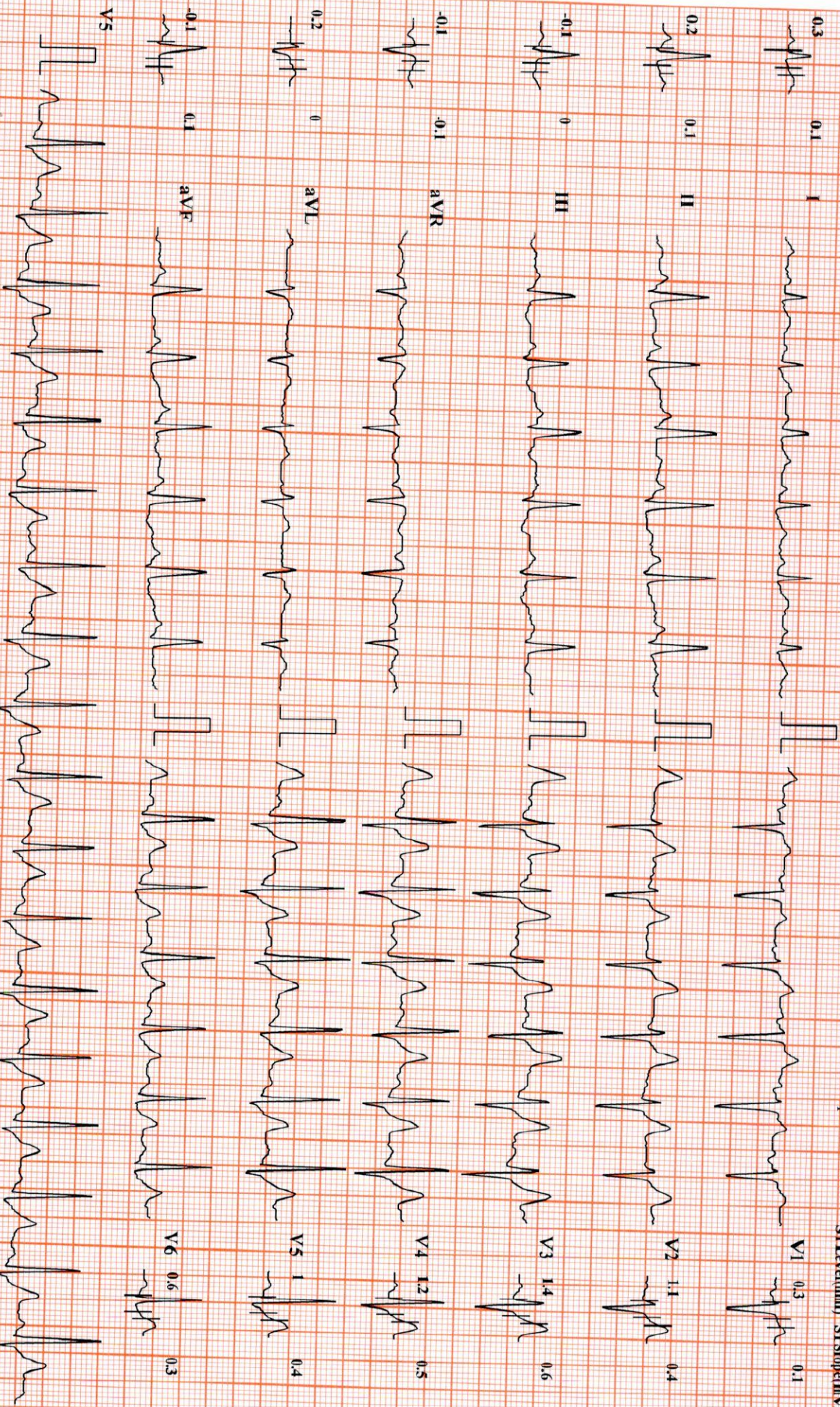


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393858193

Date: 08-03-2025

Stage Time: 01:00

HR: 106 bpm

70% of THR

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Exec Time: 00:00

THR: 151 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

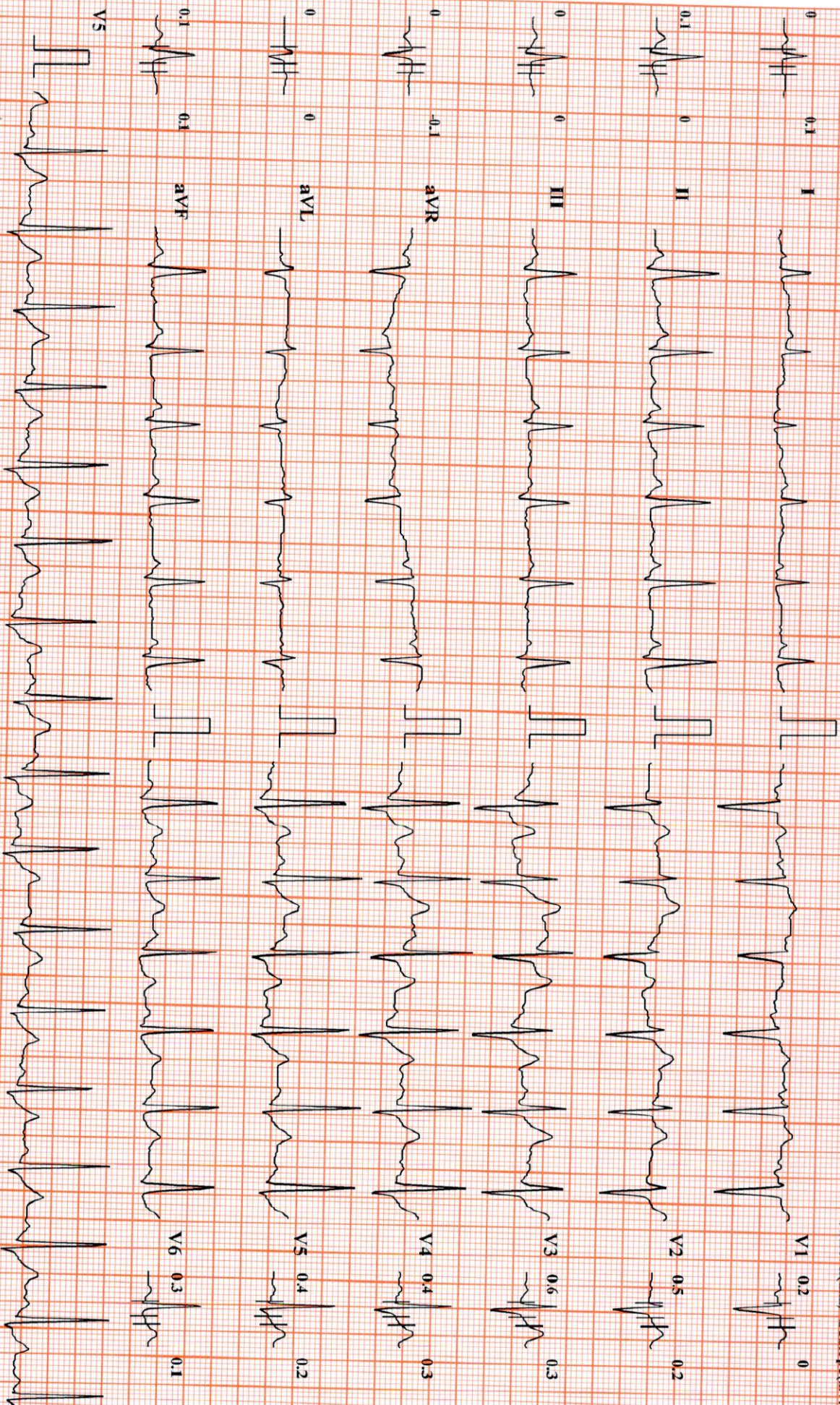


Chart Speed 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Brice Protocol

ID: 393898193

Date: 08-03-2025

Exec Time: 00:00

Stage Time: 01:00

HR: 103 bpm

68% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

STLevel(mm) STSlope(mV/s)

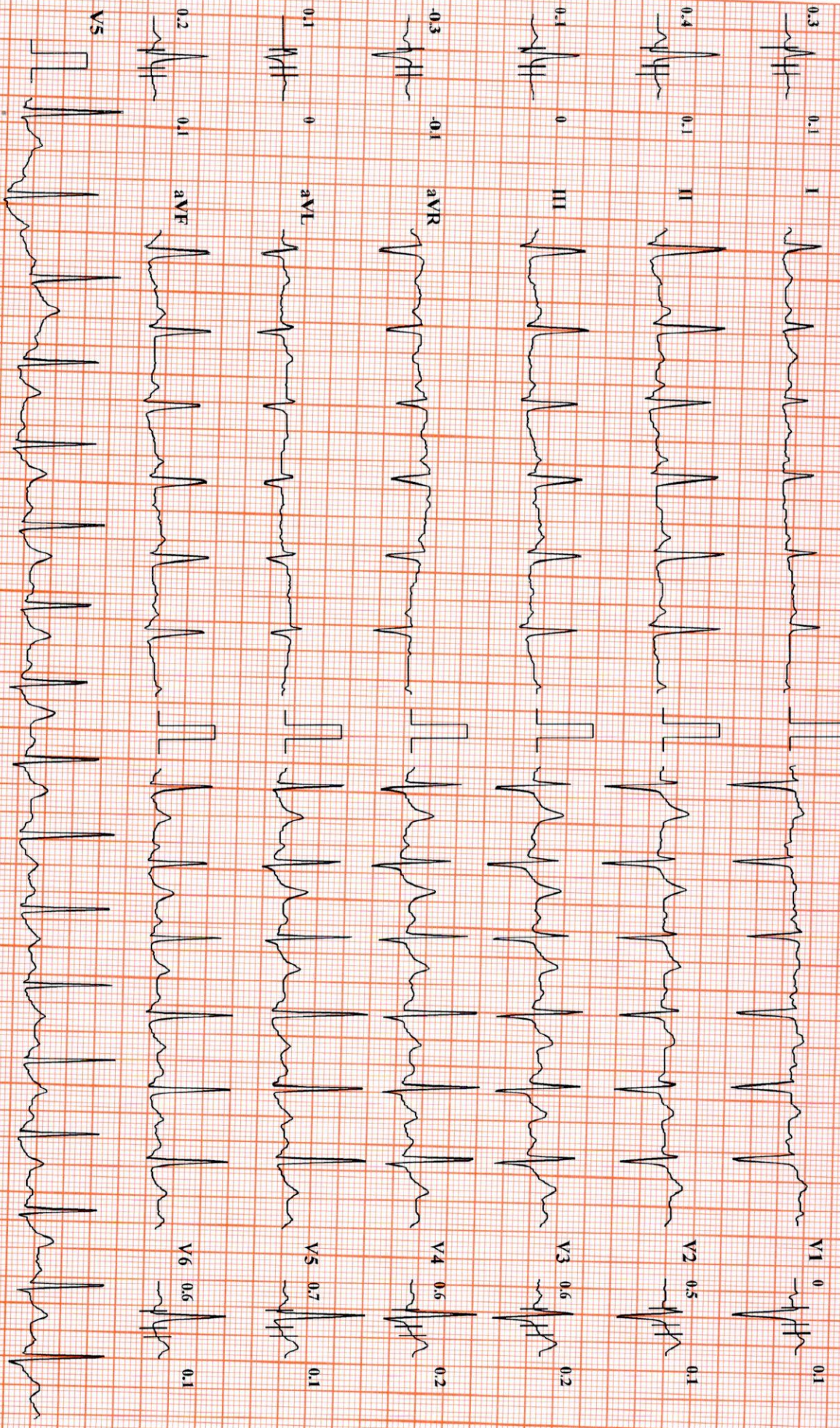


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Date: 08-03-2025

Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 151 bpm

HR: 100 bpm

66% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

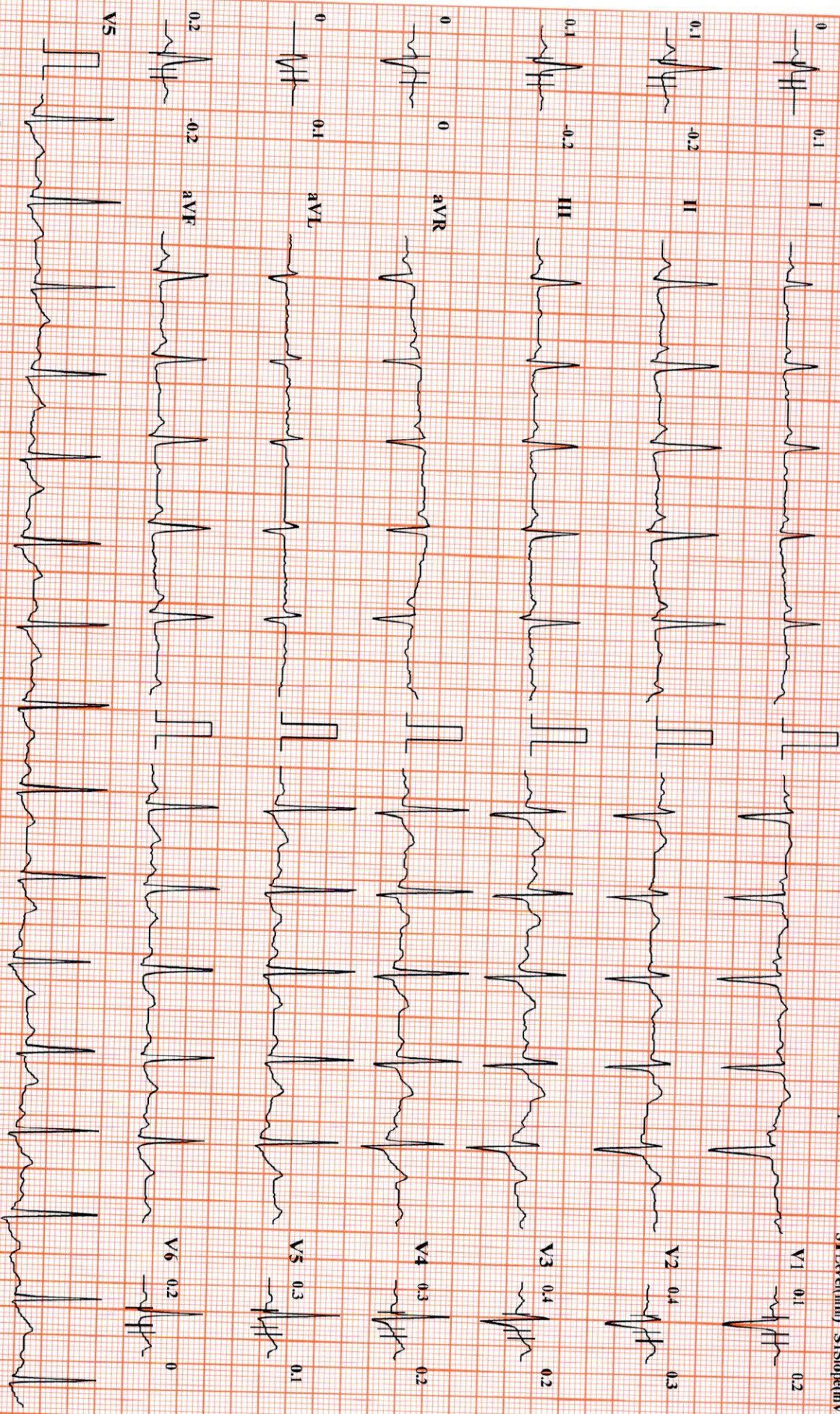


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Bruce Protocol

ID: 393898193

Date: 08-03-2025

Exec Time : 00:00

Stage Time: 00:18

STLevel(mm) STSlope(mV/s)

Stage: Recovery5

Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

HR: 96 bpm

64% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

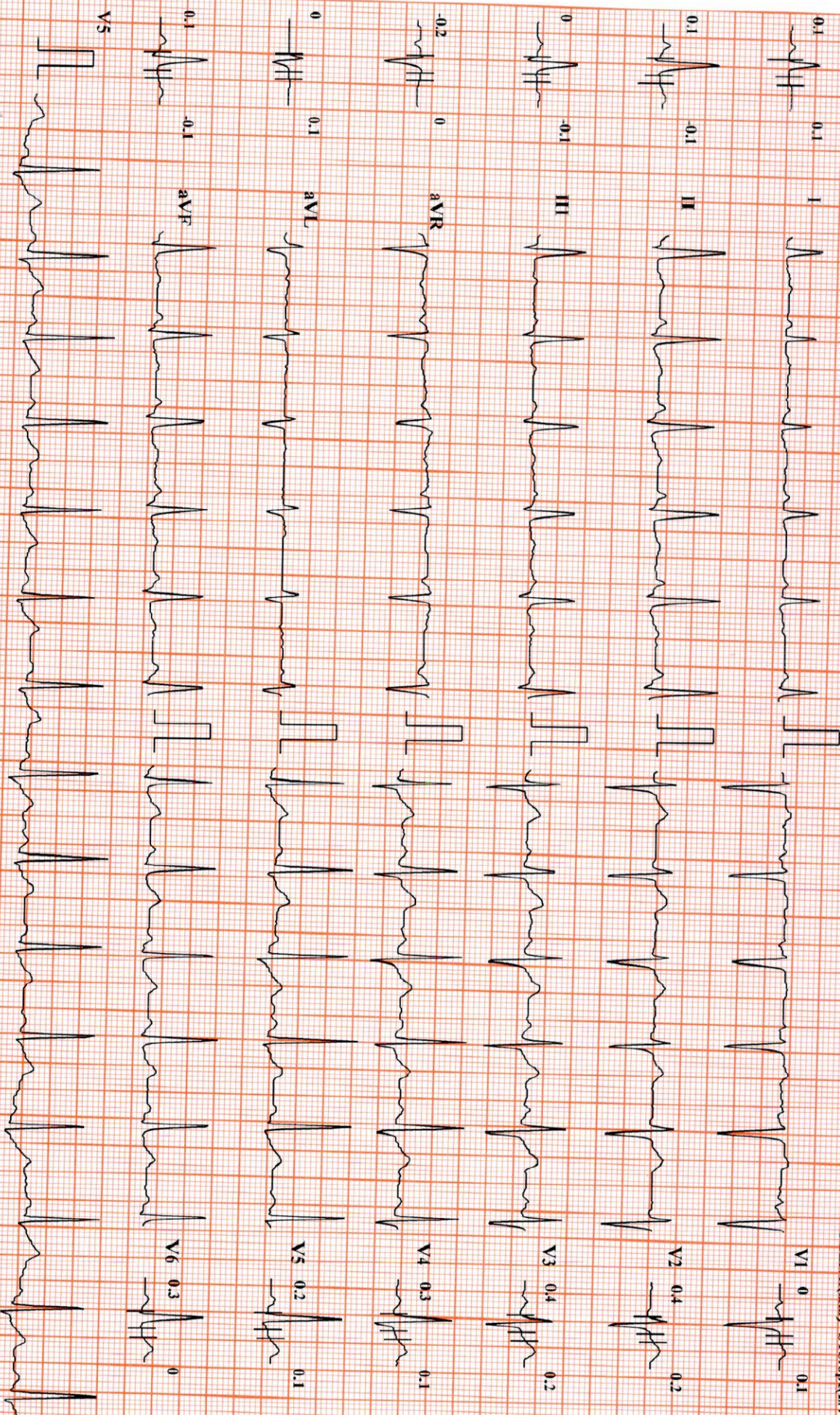


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



SUBURBAN DIAGNOSTICS PVT. LTD.

CHANDRESHKUMAR TRIPATHI (42 M)

Brice Protocol

ID: 393898193

Date: 08-03-2025

Exec Time: 00:00

Stage Time: 00:21

HR: 94 bpm

62% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

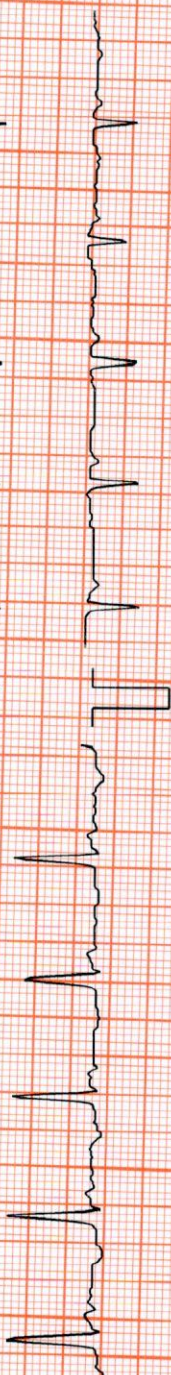
Stage: Recovery5

Speed: 0 kmph

Slope: 0 %

THR: 151 bpm

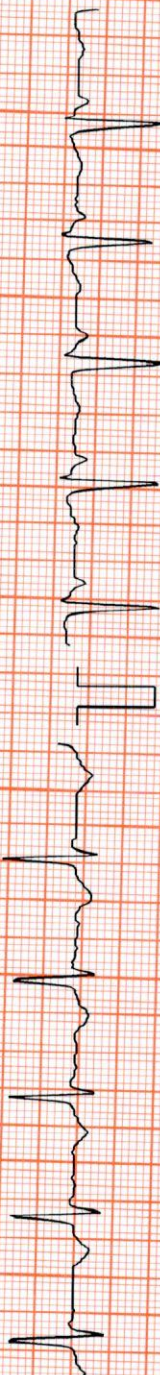
0.2
0.1
I



V1 0.1

0.1

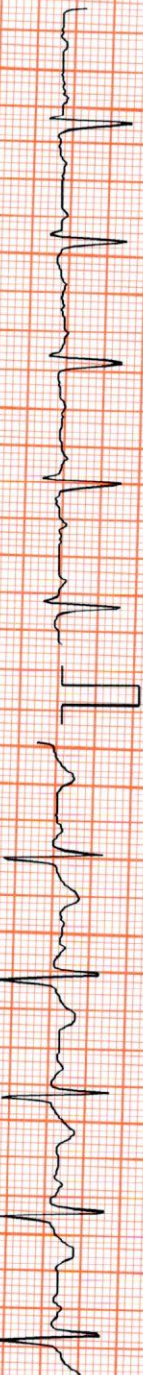
0.2
-0.1
II



V2 0.4

0.2

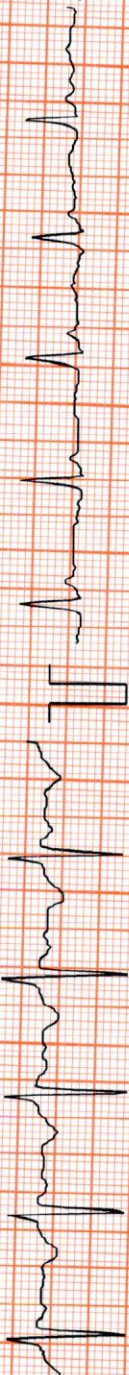
0
-0.1
III



V3 0.4

0.2

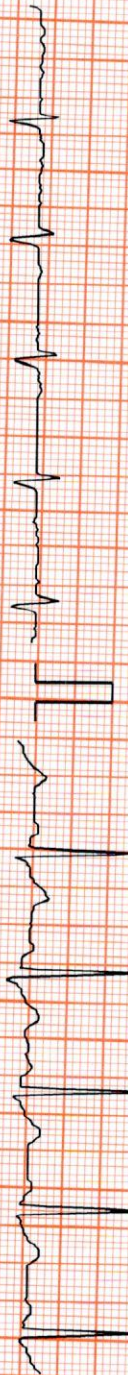
-0.5
-0.1
aVR



V4 0.5

0.2

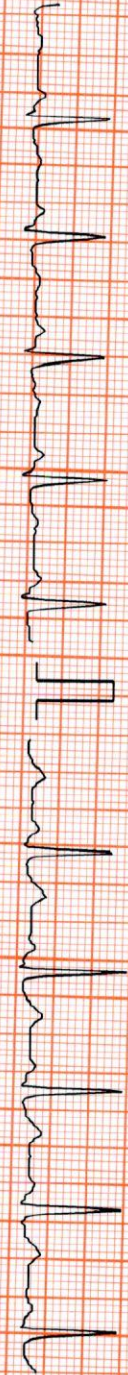
0.1
0.1
aVL



V5 0.4

0.2

0.2
-0.1
aVF



V6 0.3

0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6

CID : 393898193
Name : Mr. CHANDRESHKUMAR TRIPATHI
Age / Sex : 42 Years/Male
Ref. Dr : self
Reg. Location : Borivali West
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:50

USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended. Two mobile calculi are seen measuring 12 mm and 5 mm in gall bladder

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Both kidneys are normal in size shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture.. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

A defect of size 5 mm is noted at umbilicus through which fat is seen herniating. Suggestive of umbilical hernia.

Click here to view images <<ImageLink>>

CID : 393898193
Name : Mr. CHANDRESHKUMAR TRIPATHI
Age / Sex : 42 Years/Male
Ref. Dr : self
Reg. Location : Borivali West

Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:50

Opinion:

- Grade I fatty infiltration of liver.
- Cholelithiasis without cholecystitis.
- Small umbilical hernia.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

-----End of Report-----



Dr. Gauri Arole
DMRE Radiodiagnosis
Consultant Radiologist
Reg.no 2014/09/4178

Click here to view images <<ImageLink>>

CHANDRESHKUMAR TRIPATHI

EXAMINATION FINDINGS:

Height (cms):		Weight (kg):	
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	100/70	Nails:	NAD
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

ADVICE:

Normal

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	No
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	No
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

Dr NITIN SONAVANE

DR. NITIN SONAVANE
M.B.B.S AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Suburban Diagnostics (I) Pvt. Ltd.
3016, 302, 3rd Floor, Vistra Elevation,
Above Tanika, Linking L. T. Rd. & 1,
Borivali (West), Mumbai - 400 092.

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Date:-

CID:

Name:-

chandra shikumar

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Nil

RE LE

6/6

6/6

N/G

N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
3012, 302, 3rd Floor, Vini Elegance,
Above Tanishq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.