

Patient Name: Nitesh Kumar

Age/Sex: 40/M

CID:

DATE: 8/8/25

History and Complaints:

- DM 2 yr
HTN 2 yr
Dyslipidemia 1 1/2 yr

EXAMINATION FINDINGS:

Height (cms):	192 cms	Weight (kg):	109 kgs
Temp (0c):	Afebrile	Skin:	Normal Fungal infection on face
Blood Pressure (mm/hg):	170/80	Nails:	Normal
Pulse:	65/min	Lymph Node:	Not palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

new weight
ECG - Borderline LVH
T 81 Sugar T/F
T HbA1c 6.3%
Dyslipidemia
D SGOT, SGPT

ADVICE:

- reduce weight
Low fatty diet
Carbs
Diastolic pressure

HIEF COMPLAINTS:

1)	Hypertension:	No Yes
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No Yes
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	- None
4)	Medication	No

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No.3, Aangan
Chakur Village, Kandivali (East)
Mumbai - 400101
Tel : 61700000

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Date:- 8/3/2025

CID: 393915371

Name:- Nilesh kumar

Sex/Age: 40/m

EYE CHECK UP

Chief complaints: Routine

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/G	-	-	-	6/G
Near	-	-	-	N/G	-	-	-	N/G

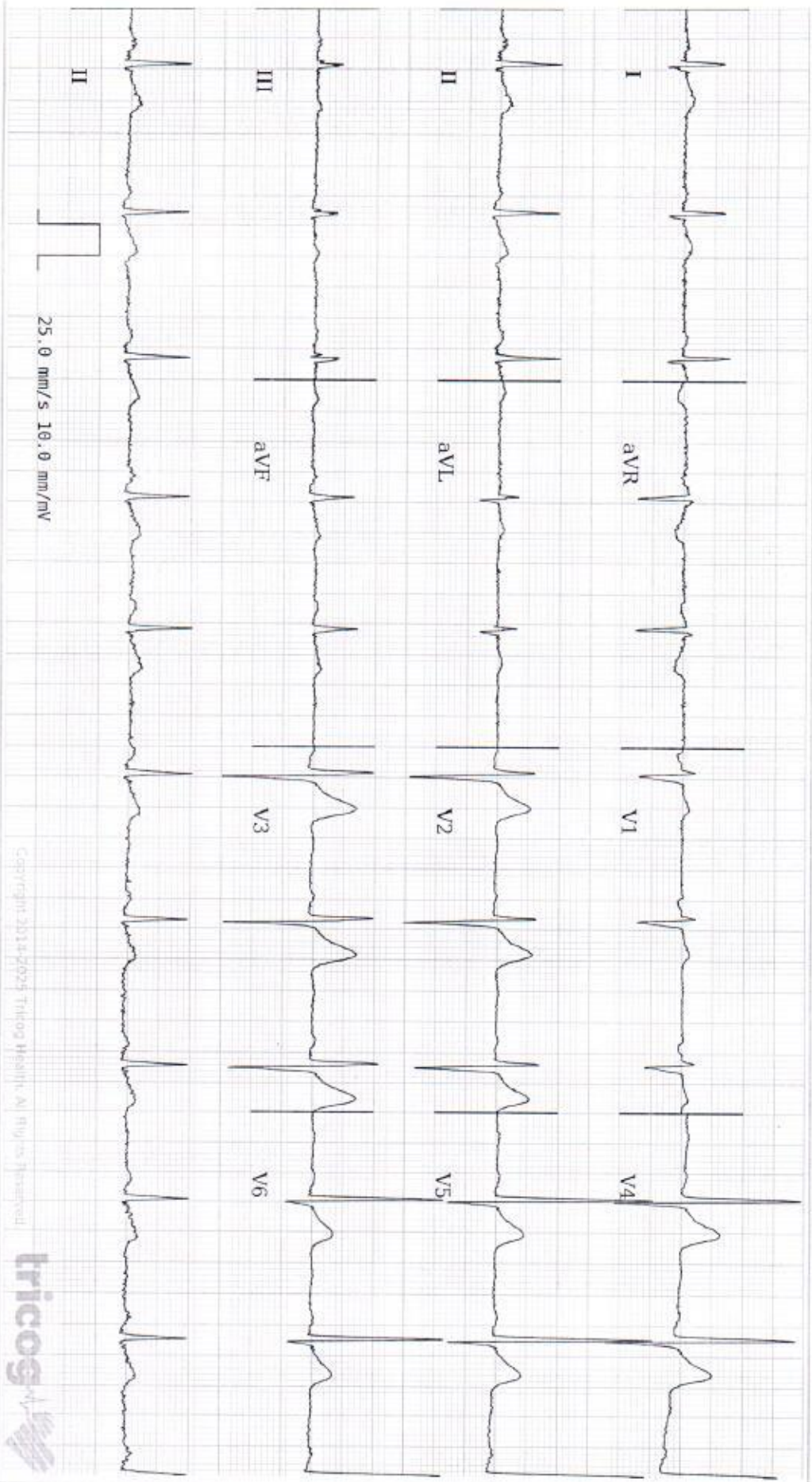
Colour Vision: ~~Normal~~ / Abnormal

Remark: ✓

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Patient Name: NILESH KUMAR
Patient ID: 393915371

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: 8th Mar 25 9:03 AM



Age 40 1 3
years months days

Gender Male

Heart Rate 65bpm

Patient Vitals

BP: 170/80 mmHg

Weight: 109 kg

Height: 192 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 366ms

QTcB: 380ms

PR: 164ms

P-R-T: 51° 59° 45°

REPORTED BY

[Signature]

DR. ANHIL PARULEKAR
MBBS MD. MEDICINE, DNB Cardiology
Cardiologist
2017082483

Borderline Left Ventricular Hypertrophy suspected, Sinus Rhythm. Please correlate clinically.

CID : 393915371
Name : Mr. Nilesh Kumar
Age / Sex : 40 Years/Male
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 8:28

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No evidence of diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 17 mm and 15 mm respectively.
- Mild TR jet. PASP by TR jet measured to 22 mm Hg
- Visual estimation of LVEF of 70 %.

MEASUREMENTS:

IVS d (mm)	10	Ao (mm)	35
IVS s (mm)	15	LA (mm)	39
LVIDd (mm)	53	EPSS (mm)	01
LVIDs (mm)	33	EF SLOPE (ml/s)	150
Pwd (mm)	09	MV (mm)	21
Pws (mm)	15		

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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

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DOPPLER: Mitral E / A

Mitral (m/s)	0.6	Aortic (m/s)	1.24
Tricuspid (m/s)	0.8	Pulmonary (m/s)	0.9

TDI E/e' = 06

Septal e' = 0.1 m/s Lateral e' = 0.1 m/s

Septal a' = 0.08 m/s Lateral a' = 0.09 m/s

Septal s' = 0.07 m/s Lateral s' = 0.07 m/s

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD
Adv: Please correlate clinically. CAG/ Further cardiac evaluation as indicated.

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



Dr Priyam Bhatjiwale
MD cert in Clinical Cardiology,
Fellowship in 2D Echo & Doppler Studies
Reg. No- 68857

[Click here to view images <<ImageLink>>](#)

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Name : Mr. Nilesh Kumar
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Reg. Location : Kandivali East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 21:38

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification

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



DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

[Click here to view images <<ImageLink>>](#)

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Lab No. : 393915371
Ref By : SELF
Collected : 8/3/2025 8:09:00AM
A/c Status : P
Collected at : WALKIN - KANDIVALI EAST (MAIN CENTRE)
 Row House No. 3, Aangan, Opp. Thakur College,
 Thakur Village, Kandivali East, Mumbai,
 Maharashtra - 400101

Age : 40 Years
Gender : Male
Reported : 8/3/2025 6:16:09PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

Corporate ID : 22E53419

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	0.17	<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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Age : 40 Years
Gender : Male
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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	AB
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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Age : 40 Years
Gender : Male
Reported : 8/3/2025 6:16:32PM
Report Status : Interim
Processed at : BORIVALI LAB, BORIVALI WEST

ID : 22E53419

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	15.0	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.1	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	45.2	40.0 - 50.0 %	Calculated
MCV	88.0	81.0 - 101.0 fL	Measured
MCH	29.2	27.0 - 32.0 pg	Calculated
MCHC	33.2	31.5 - 34.5 g/dL	Calculated
RDW	15.3	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5280	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.1	20.0 - 40.0 %	
Absolute Lymphocytes	2117.3	1000.0 - 3000.0 /cmm	Calculated
Monocytes	9.1	2.0 - 10.0 %	
Absolute Monocytes	480.5	200.0 - 1000.0 /cmm	Calculated
Neutrophils	46.0	40.0 - 80.0 %	
Absolute Neutrophils	2428.8	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	4.2	1.0 - 6.0 %	
Absolute Eosinophils	221.8	20.0 - 500.0 /cmm	Calculated
Basophils	0.6	0.1 - 2.0 %	
Absolute Basophils	31.7	20.0 - 100.0 /cmm	Calculated





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ID : 22E53419

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>PLATELET PARAMETERS</u>			
Platelet Count	139000	150000 - 410000 /cmm	Elect. Impedance
MPV	13.7	6.0 - 11.0 fL	Measured
PDW	36.5	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Others	Normocytic Normochromic		

Specimen: EDTA whole blood





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Age : 40 Years
Gender : Male
Reported : 8/3/2025 6:16:47PM
Report Status : Interim
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Corporate ID : 22E53419

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	6.00	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- Sickle 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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Age : 40 Years
Gender : Male
Reported : 8/3/2025 6:16:57PM
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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	125.06	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	164.54	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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Age : 40 Years
Gender : Male
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MediWheel Full Body Health Checkup Male >40/2D ECH

KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	21.50	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	10.04	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.80	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	114.84	(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	7.46	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.79	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.67	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.79	1.00 - 2.00	Calculated
URIC ACID, Serum	5.89	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.71	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.63	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	139.10	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.5	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	99.60	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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MediWheel Full Body Health Checkup Male >40/2D ECH

FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	





Name : NILESH KUMAR
Lab No. : 393915371
Ref By : SELF
Collected : 08/03/2025 08:09:00AM
A/c Status : P
Collected at : WALKIN - KANDIVALI EAST (MAIN CENTRE)
 Row House No. 3, Aangan, Opp. Thakur College,
 Thakur Village, Kandivali East, Mumbai,
 Maharashtra - 400101
Age : 40 Years
Gender : Male
Reported : 8/3/2025 6:17:32PM
Report Status : Interim
Processed at : BORIVALI LAB, BORIVALI WEST
ID : 22E53419

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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	163	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	482	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	28	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	135	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6	0-4.5 Ratio	Calculated
LDL CHOLESTEROL, Serum	39	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	Direct
VLDL CHOLESTEROL Serum	96	< /= 30 mg/dl	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1	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	5.01	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	14.70	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	2.04	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	0.52	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.46	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.79	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.67	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.79	1.00 - 2.00	Calculated
SGOT (AST), Serum	47.60	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	75.20	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.70	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.80	40.00 - 130.00 U/L	Colorimetric





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URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.009	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	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	0.00	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	5.60	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar Mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab



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URINE EXAMINATION REPORT

PARAMETER **RESULTS** **BIOLOGICAL REF RANGE** **METHOD**



Result/s to follow:

EXAMINATION OF FAECES, Glucose & Ketones, Urine

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.

