

CID# **25** YEARS : 393834960
Name : RAJENDRA THITE
Age/ Gender : 47 Years/ Male
Consulting Dr. :
Reg. Location : Swargate, Pune (Main Centre)

A

Collected : 08/03/2025
Reported : 08/03/2025

PHYSICAL EXAMINATION REPORT

History and Complaints:
H/O DM 7yrs with HTN 3yrs

EXAMINATION FINDINGS:

Height (cms):	169 cm	Weight (kg):	80 kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80mmHg	Nails:	Healthy
Pulse:	74 /min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal NO Murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION: DM HTN AB⁺ \uparrow triglyceride
hepatomegaly fatty liver

ADVICE: - Consult family physician
- low carb, low fat diet
- correct Anaemia

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

- Sr. Iron
- Sr. Ferritin
- Ret to Diabetologist
- Ret to Gastrologist
- Repeat lipid after 1mo

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

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- | | |
|--|----|
| 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 | DM & HTN |

*** End Of Report ***

Dr. I U BAMB



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 Seraph Centre, Opp. BSNL Exchange, Shahu
 College Road, Off, Pune - Satara Rd, behind
 Panchami Hotel, Pune 411009

Age : 47 Years
 Gender : Male
 Reported : 8/3/2025 7:34:59PM
 Report Status : Final
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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	10.7	13.0 - 17.0 g/dL	Spectrophotometric
RBC	4.6	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	35.0	40.0 - 50.0 %	Calculated
MCV	76.0	81.0 - 101.0 fL	Measured
MCH	23.1	27.0 - 32.0 pg	Calculated
MCHC	30.5	31.5 - 34.5 g/dL	Calculated
RDW	17.5	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8000	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.5	20.0 - 40.0 %	
Absolute Lymphocytes	1880.0	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.1	2.0 - 10.0 %	
Absolute Monocytes	568.0	200.0 - 1000.0 /cmm	Calculated
Neutrophils	67.4	40.0 - 80.0 %	
Absolute Neutrophils	5392.0	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	2.0	1.0 - 6.0 %	
Absolute Eosinophils	160.0	20.0 - 500.0 /cmm	Calculated
Basophils	0.0	0.1 - 2.0 %	
Absolute Basophils	0.0	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			



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Platelet Count	338000	150000 - 410000 /cmm	Elect. Impedance
MPV	7.8	6.0 - 11.0 fL	Measured
PDW	12.3	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	--
Anisocytosis	Mild
Poikilocytosis	--
Polychromasia	--
Target Cells	--

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- 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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PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.31	0.03 - 2.50 ng/mL	ECLIA

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, Artfactual (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.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	216.00	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	287.00	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

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
BLOOD UREA, Serum	16.80	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	7.85	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.84	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	107.48	(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	6.34	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.38	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	1.96	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.23	1.00 - 2.00	Calculated
URIC ACID, Serum	4.56	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	3.23	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	8.58	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	135.10	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.1	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	99.20	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)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	11.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	292.0	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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	128	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	605	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	22	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymati colorimetric assay
NON HDL CHOLESTEROL, Serum	106	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	35	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	71	< /= 30 mg/dl	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	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	5.67	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	20.10	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	1.49	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 minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7%



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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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(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	0.39	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	<0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	6.34	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.38	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	1.96	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.23	1.00 - 2.00	Calculated
SGOT (AST), Serum	18.00	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.10	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	41.30	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	105.00	40.00 - 130.00 U/L	Colorimetric



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 College Road, Off, Pune - Satara Rd, behind
 Panchami Hotel, Pune 411009

Age : 47 Years
 Gender : Male
 Reported : 8/3/2025 7:34:59PM
 Report Status : Final
 Processed at : PUNE LAB, PUNE SATARA ROAD

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>
<u>PHYSICAL EXAMINATION</u>			
EXAMINATION OF FAECES	Sample Not Received		
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



Name : RAJENDRA THITE
 Lab No. : 393834960
 Ref By : SELF
 Collected : 8/3/2025 9:32:00AM
 A/c Status : P
 Collected at : WALKIN - PUNE LAB, PUNE SATARA ROAD
 Seraph Centre, Opp. BSNL Exchange, Shahu
 College Road, Off, Pune - Satara Rd, behind
 Panchami Hotel, Pune 411009

Age : 47 Years
 Gender : Male
 Reported : 8/3/2025 7:34:59PM
 Report Status : Final
 Processed at : PUNE LAB, PUNE SATARA ROAD

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

This sample has been tested for bombay group/ bombay phenotype/ OH using Anti H lectin.

NOTE: Test performed by Semi-automated column agglutination technology (CAT).

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.

References:

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





Name	: RAJENDRA THITE	Age	: 47 Years
Lab No.	: 393834960	Gender	: Male
Ref By	: SELF	Reported	: 8/3/2025 7:34:59PM
Collected	: 8/3/2025 9:32:00AM	Report Status	: Final
A/c Status	: P	Processed at	: PUNE LAB, PUNE SATARA ROAD
Collected at	: WALKIN - PUNE LAB, PUNE SATARA ROAD Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off, Pune - Satara Rd, behind Panchami Hotel, Pune 411009		

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.025	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Present +++++	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple Phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	0-20/hpf	
OTHERS	Leukocyte esterase : Absent		



Name : RAJENDRA THITE
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URINE EXAMINATION REPORT

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Dr Atiya Shaikh
 MD Pathology
 Consultant Pathologist

Dr. Chandrakant Nanasaheb Pawar
 MD Pathology
 Chief of Lab

-----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

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

Patient Name: Mr.Rajendra Thite

Ref :

Age /Sex: 46/M

Date: 10/03/2025

2D ECHO REPORT

Findings:-

- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.


DOPPLER:-

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

Measurements (mm):- AO-27, LA-26, IVS-9, PW-9, LVIDd-42, LVIDs-28, LVEF-60%

Impression:- **NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)**

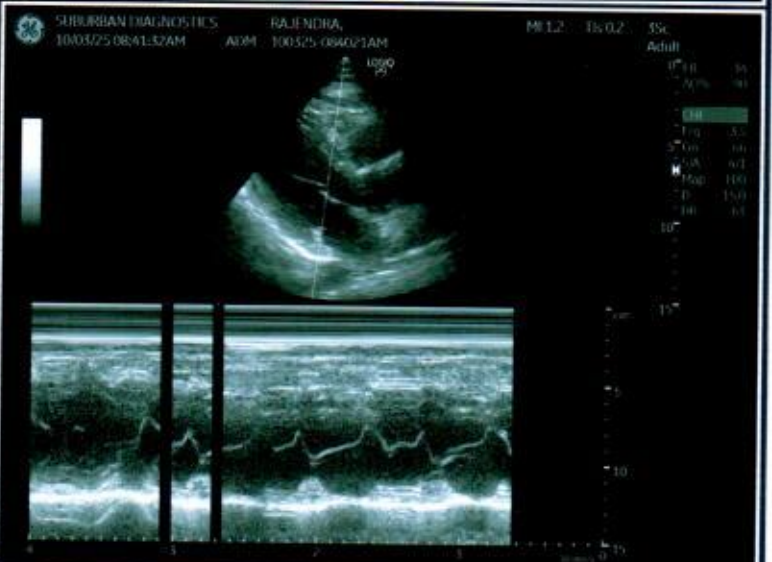
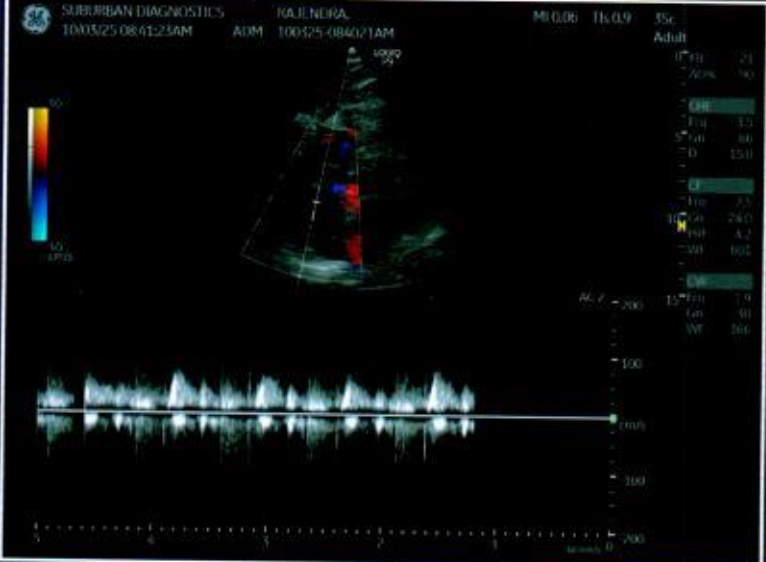
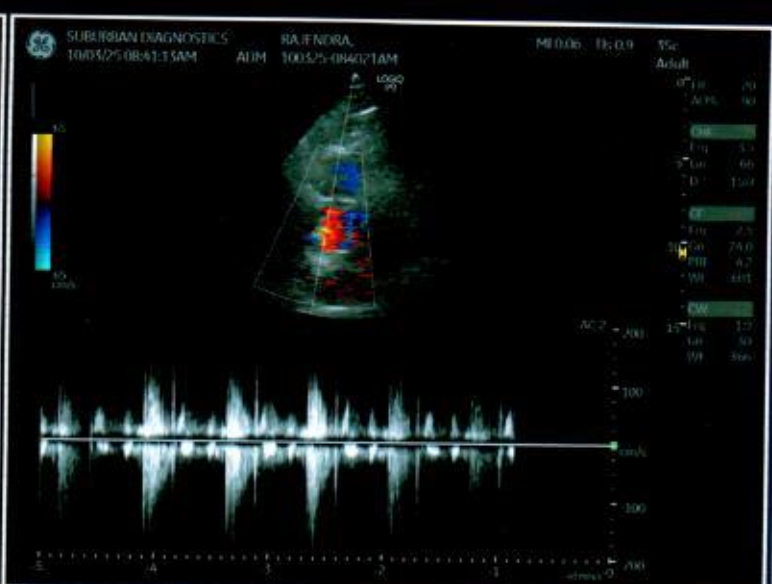
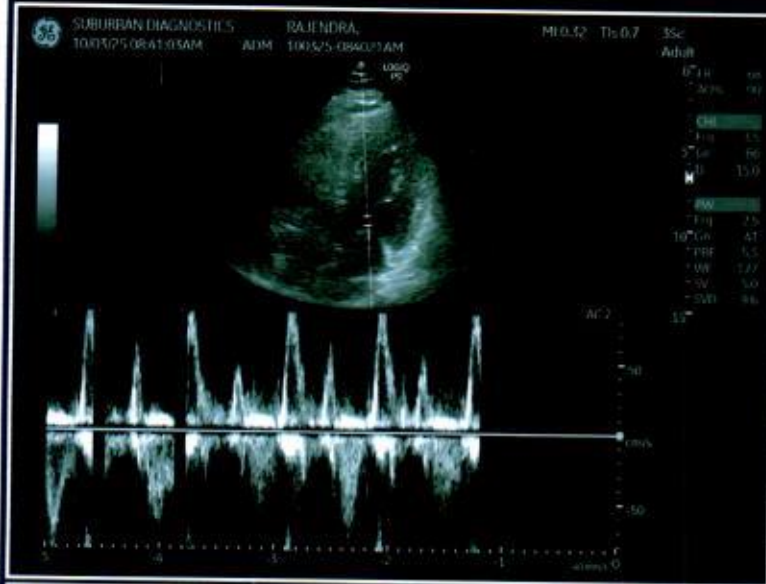
-----End of Report-----


Dr RAJESH WAGH
MD (MEDICINE), DM (CARDIOLOGY).
Reg.No.2006/03/1928

SUBURBAN DIAGNOSTICS

Name : RAJENDRA

10 Mar 2025



Name: Rajendra Thite

Sex / Age: M / 47

CID: 393834960

Date: 8/31/28

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye 2/6	Left Eye 2/6

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

10

DR L.U. BAMB

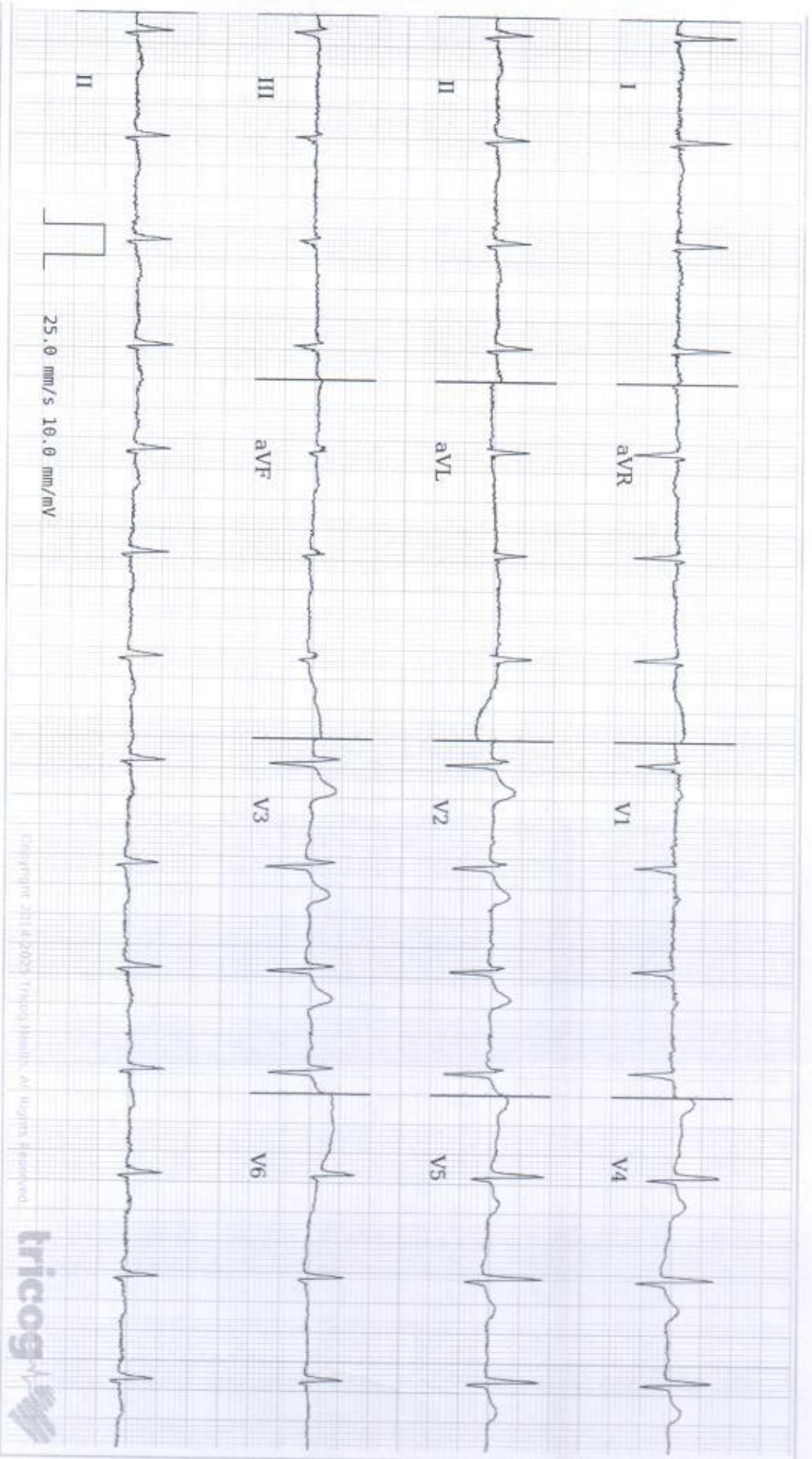
M.B.B.S MD (Medicine)

Reg No 39452

Patient Name: RAJENDRA THITE
Patient ID: 393834960

Date and Time: 8th Mar 25 10:48 AM

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE



Sinus Rhythm ST T flat III V6. Please correlate clinically.

Age 47 11 20
years months days

Gender Male

Heart Rate 87bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 80 kg

Height: 169 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 338ms

QTcB: 406ms

PR: 146ms

P-R-T: NA 7° 21°

REPORTED BY

[Signature]

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine) & (Medicines)
Reg. No. 39452

[Signature]

DR. SRIVARUJI BAMB
Cardiologist
39452

SUBURBAN DIAGNOSTICS PVT. LTD.
Swargate Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

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Disclaimer: This analysis is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 25 Patient Vitals are as received by the instrument and not derived from the ECG.

CID : 393834960
Name : Mr. RAJENDRA THITE
Age / Sex : 47 Years/Male
Ref. Dr : self
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 12:52

ULTRASOUND ABDOMEN & PELVIS

LIVER: Enlarged in size (measures 17.7 cm) and shows generalised increased echogenicity. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Contracted. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 11.5 x 4.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 11.1 x 5.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

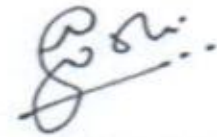
Retroperitoneum and flanks obscured due to bowel gas.
Prominent bowel loops seen in the abdomen.
Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

PROSTATE : Normal in size and shows normal echotexture.
It measures 3.3 x 3.1 x 3.3 cm (volume 18.2 cc)

IMPRESSION : Mild hepatomegaly with fatty changes.

Clinical correlation is indicated.....End of Report.....



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

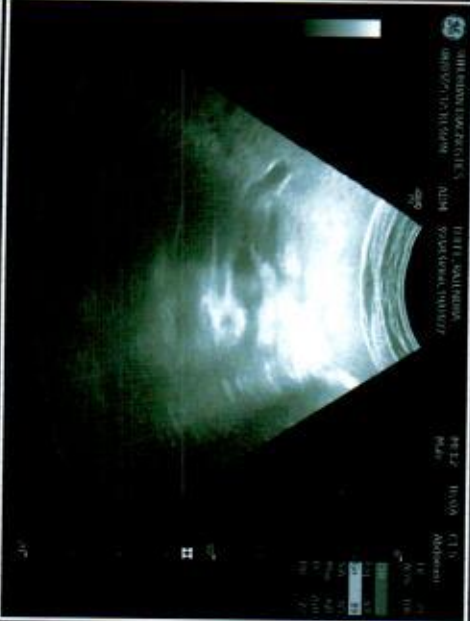
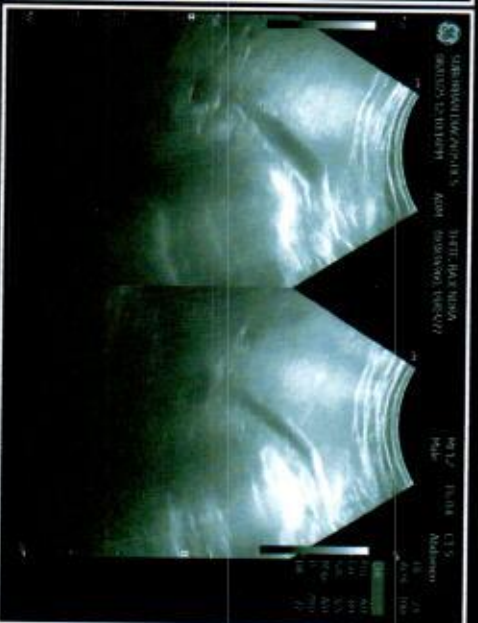
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Page no 1 of 1

Name : THITE RAJENDRA M.

SUBURBAN DIAGNOSTICS

08 Mar 2025



भारत सरकार
Government of India

Issue Date: 11/10/2012

Rajendra Gangaram Thite
DOB: 24/06/1978
Male

8982 2472 7001

मेरा आधार, मेरी पहचान

Rajendra Thite

909243488.

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

CID : 393834960
Name : Mr. RAJENDRA THITE
Age / Sex : 47 Years/Male
Ref. Dr : self
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 11:25

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

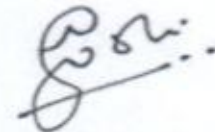
The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical correlation is indicated.

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



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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