

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ACZPM3665L

नाम / Name
PARVEZ MOHAMMED ANWAR SHAIKH
पिता का नाम / Father's Name
MOHAMMAD ANWAR SHAIKH



जन्म की तिथि
Date of Birth
20/08/1987

हस्ताक्षर / Signature

15012021

Date:

To,

Suburban Diagnostics (India) Private Limited

Shop No.6, Fenkin Belleza, Ghodbunder Rd,

opp. M.K. Plaza, Kasarvadavali,

Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ M/s/ Ms. Shaikh Parvez
don't want to performed the following tests:

1) Stool Routine

2) PPUS & Ketones

3) _____

4) _____

5) _____

6) _____

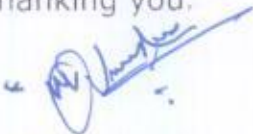
CID No. & Date

: 2431004657 / 05.11.24

Corporate/ TPA/ Insurance Client Name :

mediwheel.

Thanking you,



Yours sincerely,

(Mr/M/s/Ms. Shaikh Parvez)

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Shaikh Parvez	Sex/Age	Male / 57 yrs.
Date	05.11.24	Location	KASARVADAVALI

History and Complaints

H/O HTN -; 5-6 yrs ↓ R/L

EXAMINATION FINDINGS:

Height	172 cm	Temp (0c):	Normal
Weight	77 kg	Skin:	Normal
Blood Pressure	140/80	Nails:	Normal
Pulse	88/hr	Lymph Node:	Normal

Systems :

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

Impression:

1) EFTORY LIVER 2) LOW RBCS CALCIUM 3) PROSTATE ENLARGED 4) BSAPT HB A1C ↑
5) Dyslipidemia

ADVICE :

to keep low risk & Diabetic diet, to follow up with physiotherapy
Biological & Hormonal

Leena
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

CHIEF COMPLAINTS :

1)	Hypertension:	Since 5-6 yrs
2)	IHD	} Nil
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	



PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Non-Veg-
4)	Medication	Tab. Concor Am 2.5

Date: 05.11.24

CID : 24310046 57

Name: Mr. Shaikh Parvez

Sex/Age: male / 57 yrs

EYE CHECK UP

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

Unaided Vision : ~~6/6~~ RT - 6/6 , NG
LT - 6/6 . NG

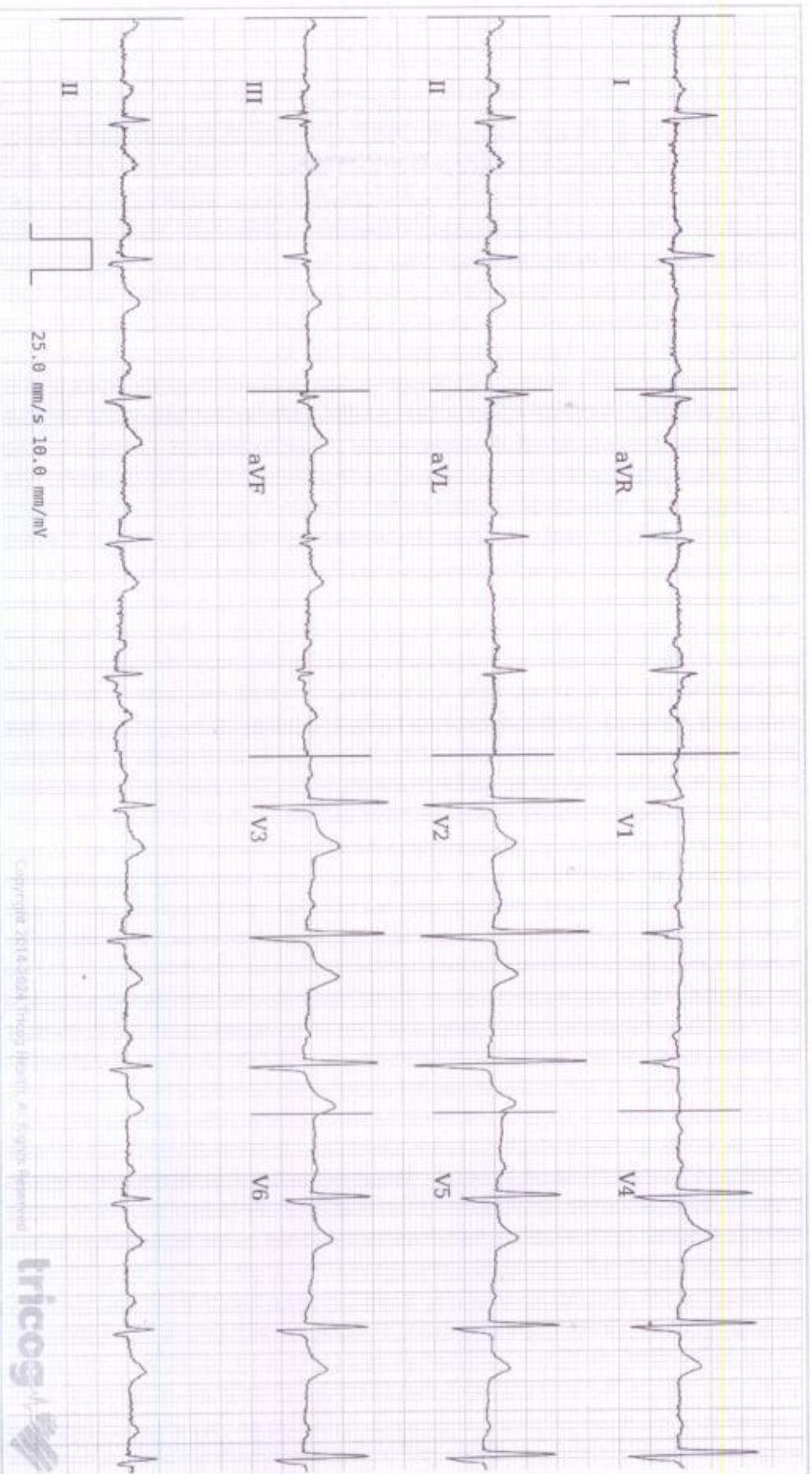
Aided Vision : -

Refraction : -

Colour Vision : Normal

Remarks : -

Patient Name: **SHAIKH PARVEZ MOHD ANWAR** Date and Time: **5th Nov 24 11:01 AM**
Patient ID: **2431004657**



Age **57** NA NA
years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: **140/80 mmHg**

Weight: **77 kg**

Height: **170 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **102ms**

QT: **432ms**

QTcB: **459ms**

PR: **188ms**

P-R-T: **45° -3° 69°**

Sinus Rhythm Borderline prolonged PR interval QS pattern in lead III & q waves in lead aVF S/O ?Inferior wall Infarction, probably old Kindly correlate clinically. Please correlate clinically.

REPORTED BY

Aravind

Dr Aravind N Mohanram
M.D (General Medicine)
Reg No 39329 M.M.C

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 05-Nov-24

Time: 11:57:12 AM

Name: MR. SHAIKH PARVEZ MOHD ANWAR ID: 2431004657

Age: 57 y

Sex: M

Height: 77 cms.

Weight: 172 Kg.

Clinical History: H/O HT

Medications: FOR HT

Test Details

Protocol: Bruce

Pr.MHR: 163 bpm

THR: 138 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 46 s

Max. HR: 129 (79% of Pr MHR)bpm

Max. Mets: 7.00

Max. BP: 190 / 80 mmHg

Max. BP x HR: 24510 mmHg/min

Min. BP x HR: 6080 mmHg/min

Test Termination Criteria: BREATHLESSNESS

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	78	140 / 80	-0.21 aVR	1.06 V4
Standing	0 : 8	1.0	0	0	77	140 / 80	-0.21 aVR	-1.06 V1
Hyperventilation	0 : 15	1.0	0	0	76	140 / 80	-0.21 aVR	-1.06 V1
1	3 : 0	4.6	1.7	10	108	170 / 80	-5.10 I	-5.66 aVF
Peak Ex	2 : 46	7.0	2.5	12	129	190 / 80	-4.25 V3	3.89 V5
Recovery(1)	1 : 0	1.8	1	0	108	190 / 80	-0.64 aVR	3.18 V4
Recovery(2)	1 : 0	1.0	0	0	96	180 / 80	-2.76 V5	2.12 II
Recovery(3)	1 : 0	1.0	0	0	89	170 / 80	-0.42 V1	-1.77 V1
Recovery(4)	0 : 15	1.0	0	0	89	160 / 80	-0.42 V1	1.42 II

Interpretation

FAIR EFFORT TOLERANCE

NORMAL HEART RATE AND BP RESPONSE

NO ARRHYTHMIAS NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: SELF

(Summary Report edited by user)



DR. ANAND N. MOTWANI

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C.)


Doctor: Dr. Anand Motwani

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SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. SHAIKH PARVEZ MOHD ANWAR (571117431004657)

Date: 05-Nov-24 Exec Time : 0 m 0 s Stage Time : 0 m 11 s HR: 77 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 138 bpm)

B.P: 140/80

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

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

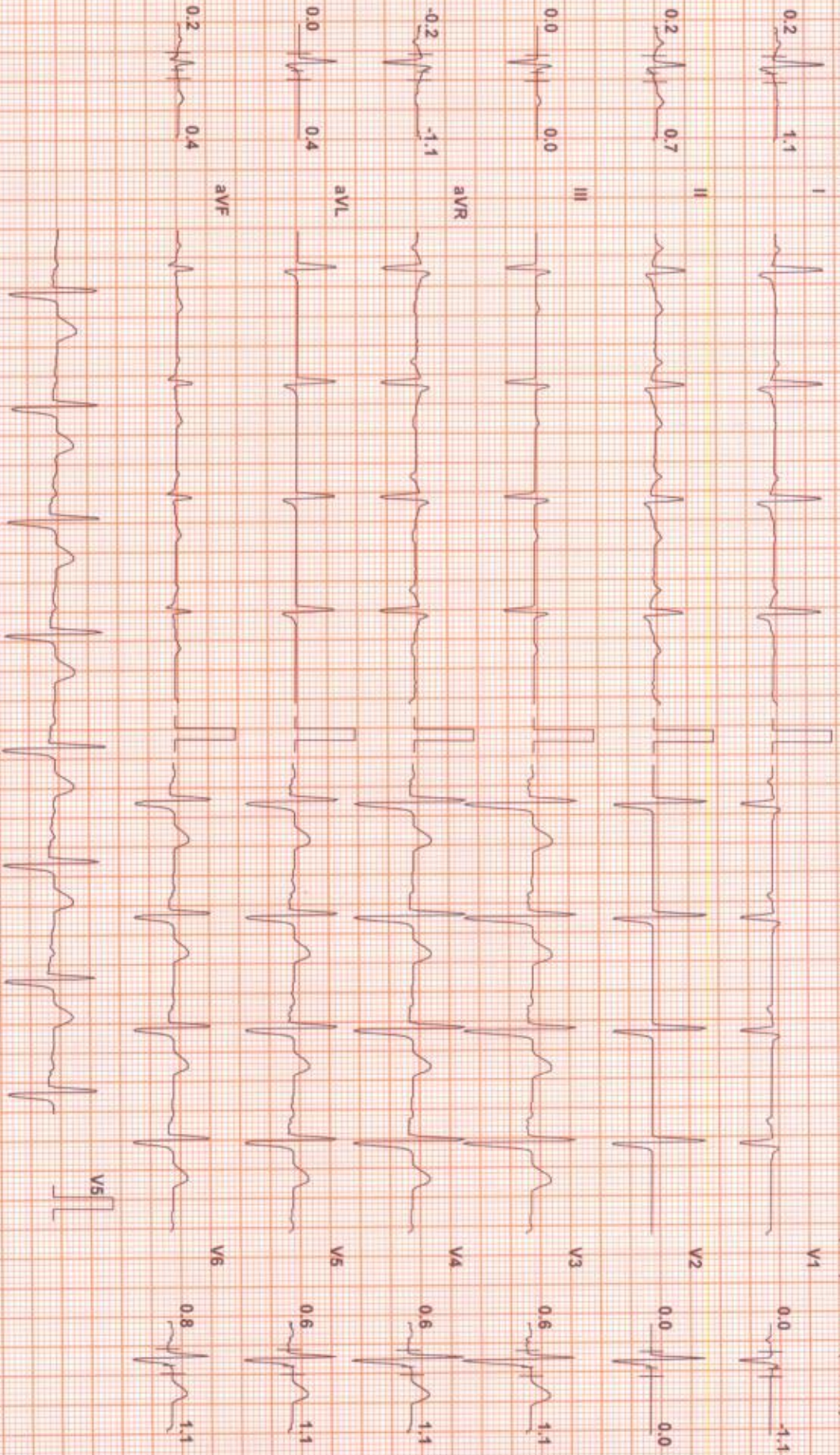


Chart Speed: 25 mm/sec
Schlier Spanden V47

Filter: 35 Hz

Mains Filc ON

Amp: 10 mm

iso + R - 80 ms

J - R + 60 ms

Post J - J + 60 ms

Linked Median



MR. SHAIKH PARVEZ MOHD ANWAR (5710M)431004657

Date: 05-Nov-24 Exec Time : 0 m 0 s Stage Time : 0 m 2 s

HR: 78 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 140 / 80

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

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

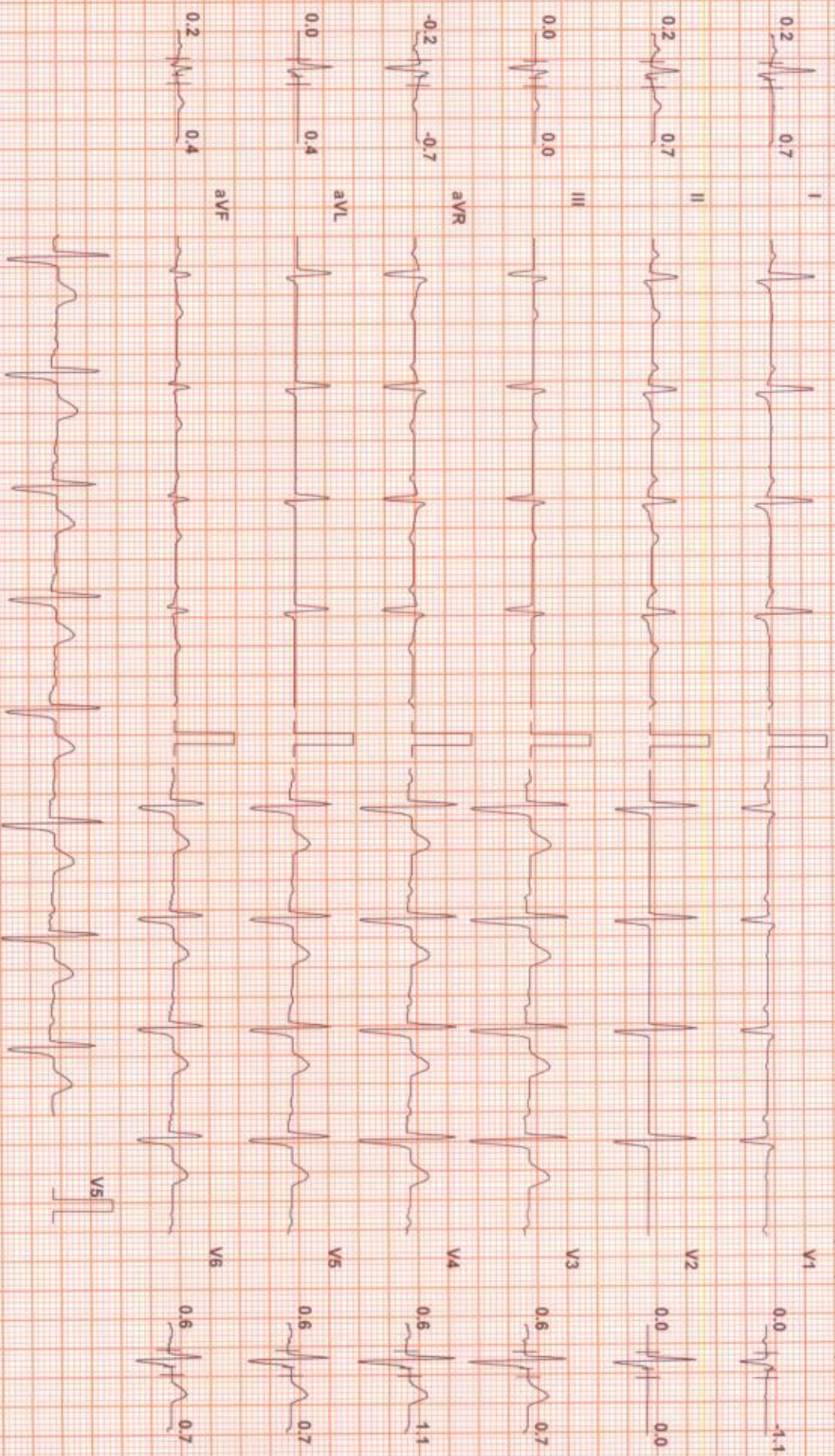


Chart Speed: 25 mm/sec
Schwiler Spendian V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 50 ms

J = R + 60 ms

Post J = J + 50 ms

Linked Median



MR. SHAIKH PARVEZ MOHD ANWAR (571017431004657)

Date: 05-Nov-24

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 77 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 140 / 80

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

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

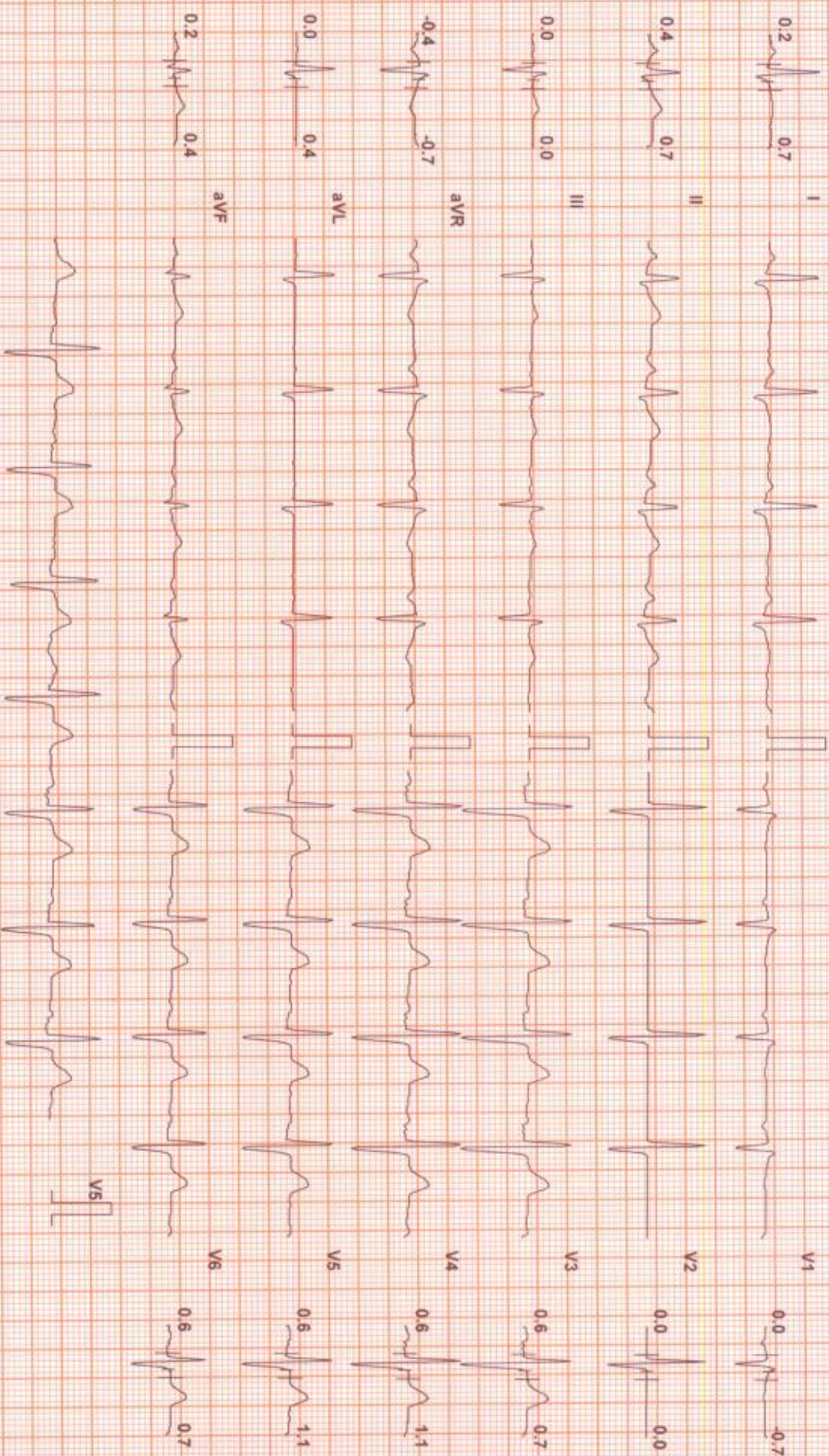


Chart Speed: 25 mm/sec
Schiller Spandin V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO + R: 60 ms

J = R + 50 ms

Pos J = J + 60 ms

Linked Median



MR. SHAIKH PARVEZ MOHD ANWAR (5710M) 431004657

Date: 06-Nov-24 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 108 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 138 bpm)

B.P.: 170 / 80

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

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

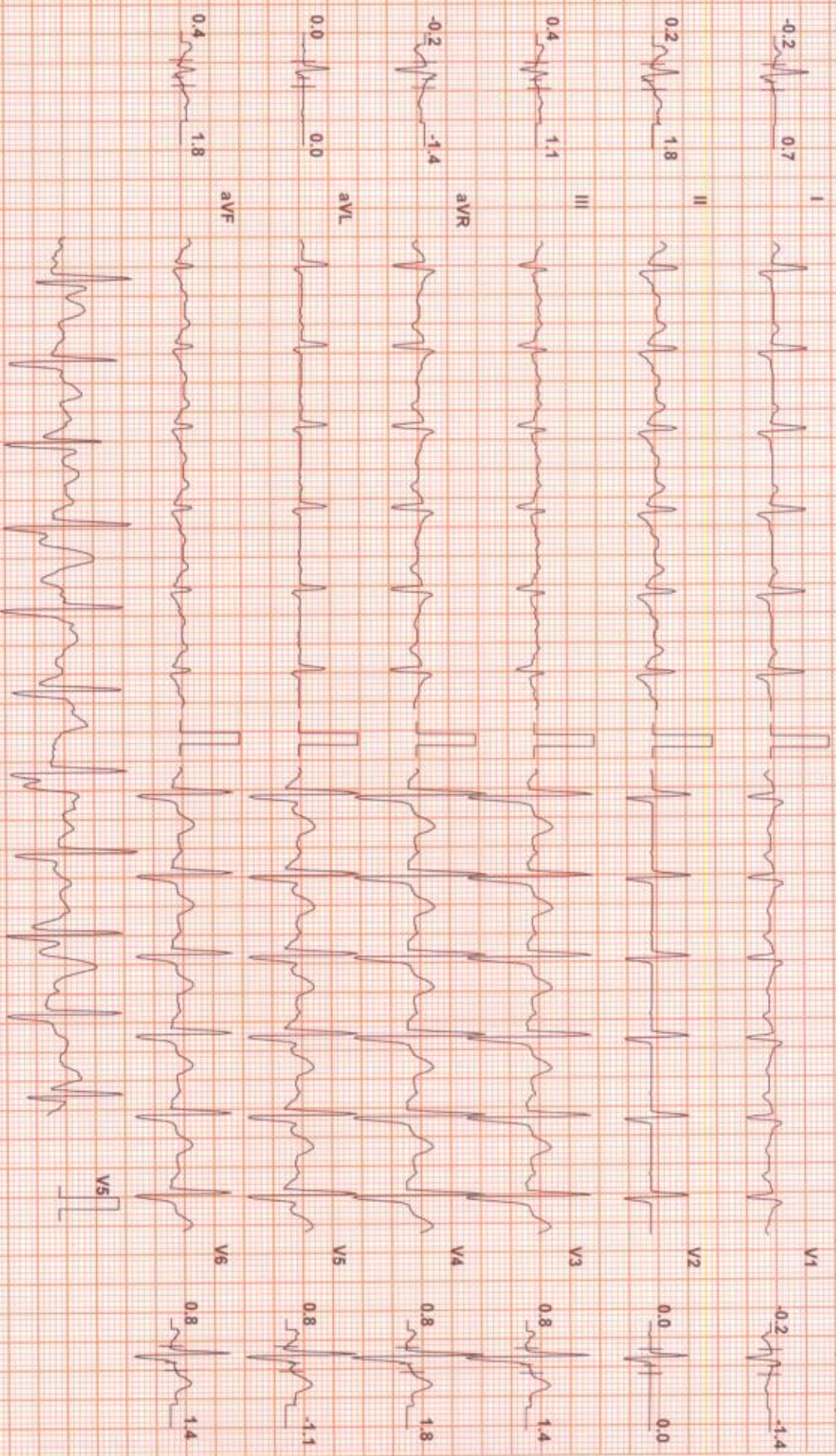


Chart Speed: 25 mm/sec
Schluter Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R * 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. SHAIKH PARVEZ MOHD ANWAR (571IM) 431004657

Date: 05-Nov-24 Exec Time : 5 m 40 s Stage Time : 2 m 40 s HR: 129 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph Grade: 12 %

(THR: 138 bpm)

B.P: 190 / 80

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

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

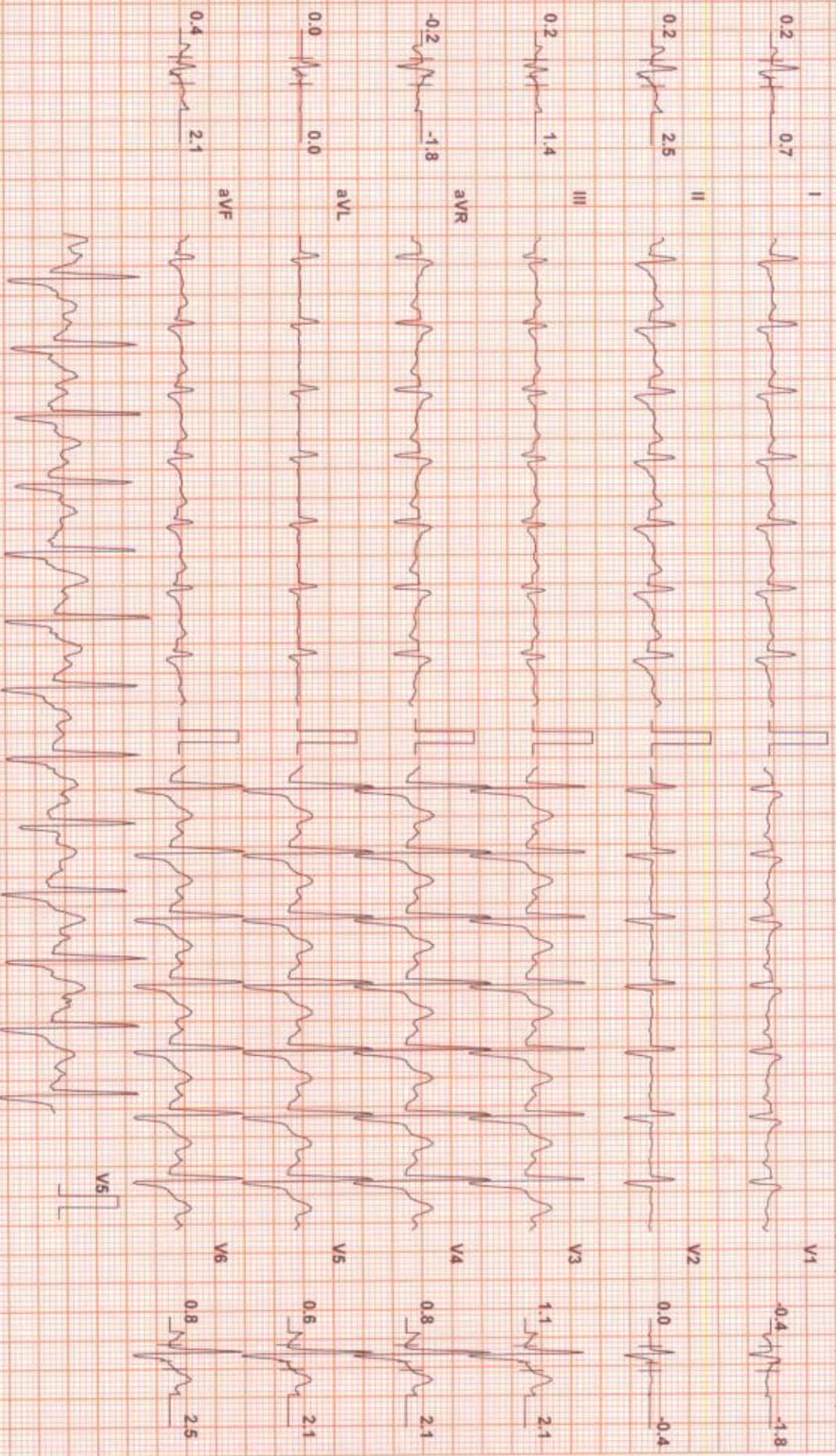


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO + R - 80 ms

J = R + 80 ms

Pos J = J + 60 ms

Linked Median



MR. SHAIKH PARVEZ MOHD ANWAR (5710M7431004657)

Date: 05-Nov-24

Exec Time : 5 m 46 s Stage Time : 0 m 54 s HR: 108 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 190 / 80

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

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

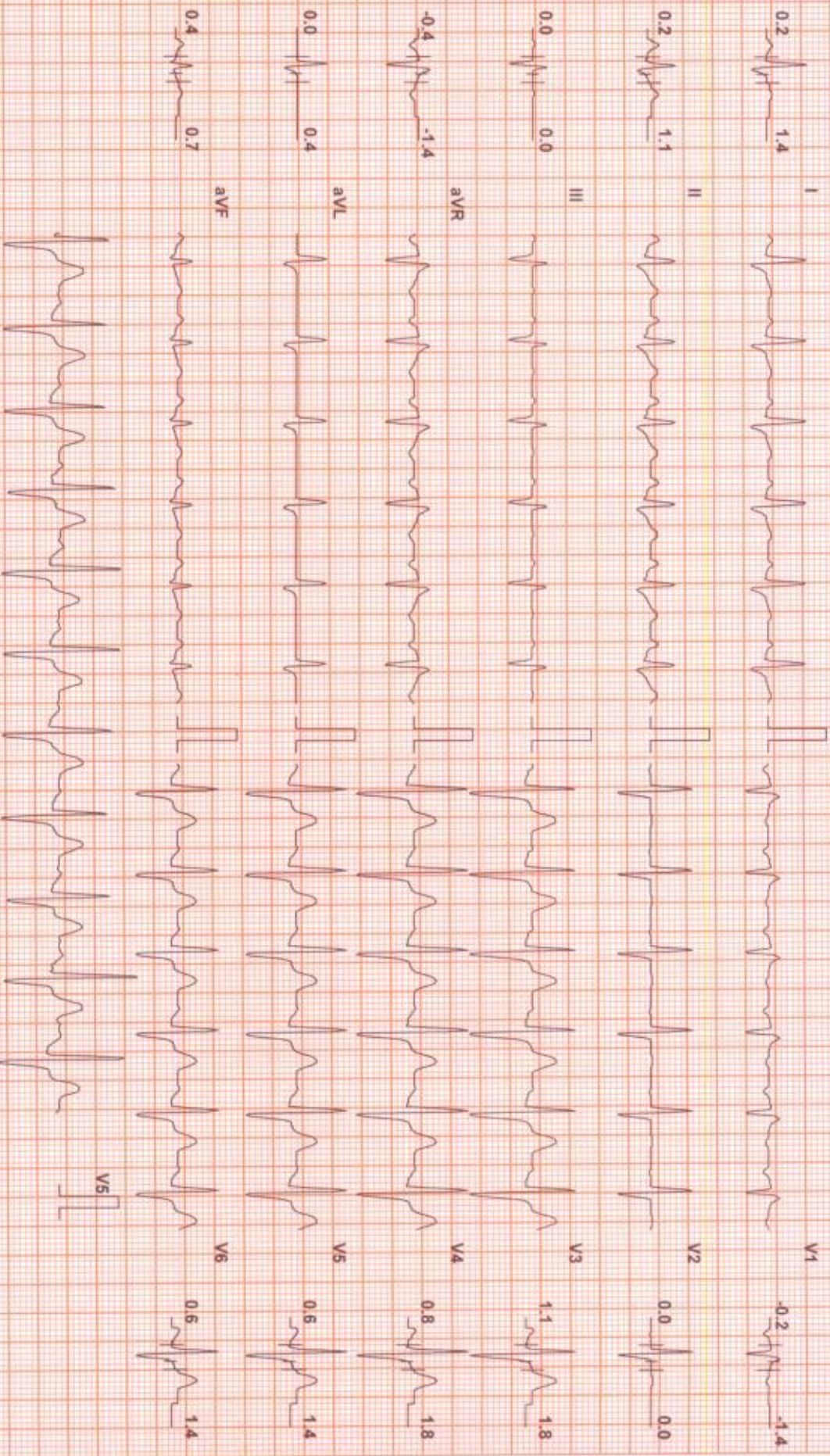


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. SHAIKH PARVEZ MOHD ANWAR (57107431004657)

Date: 05-Nov-24 Exec Time : 5 m 46 s Stage Time : 0 m 54 s HR: 94 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 180 / 80

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

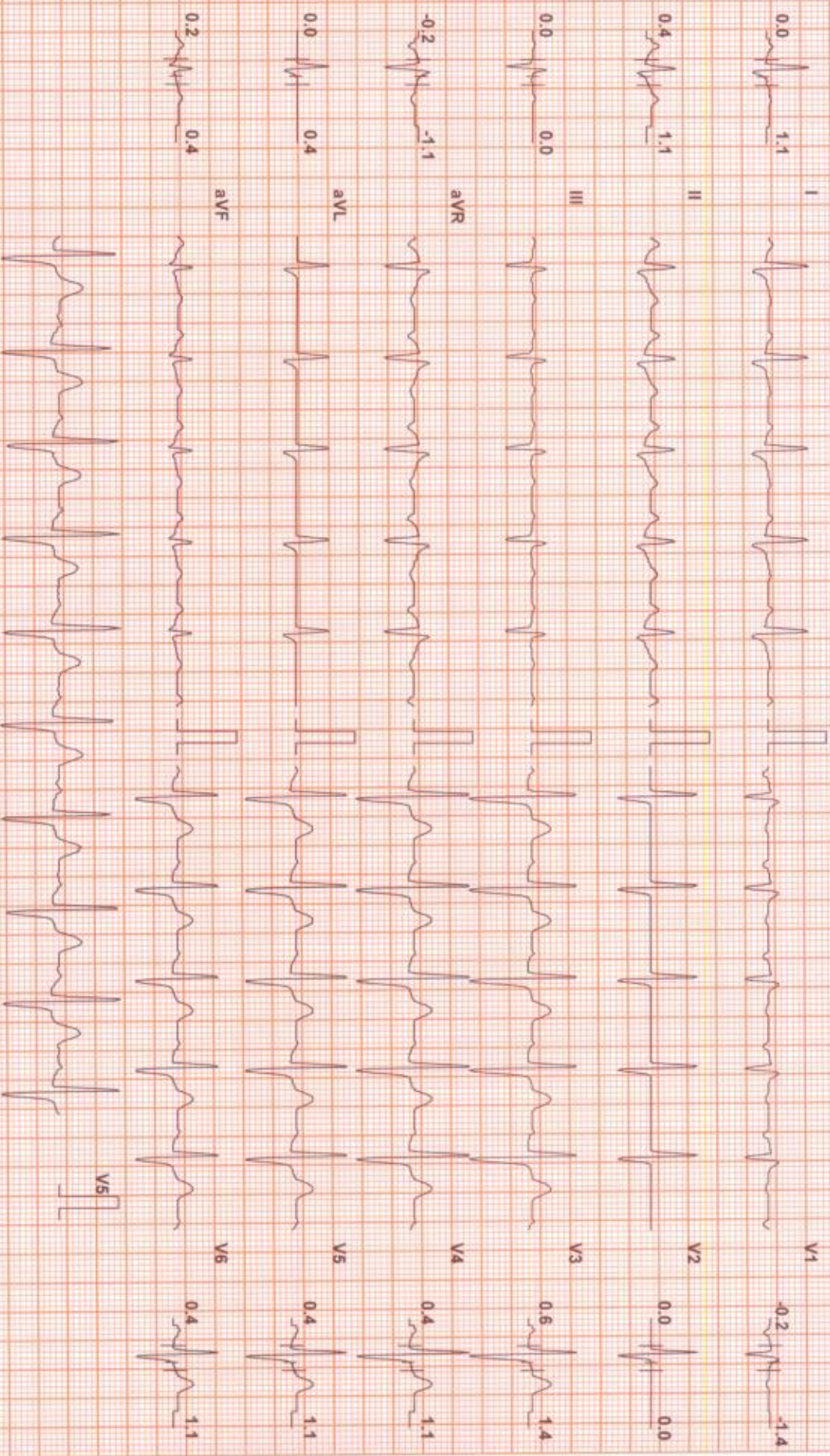


Chart Speed: 25 mm/sec
Scriber: Spandip V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = I + 60 ms

Linked Median



MR. SHAIKH PARVEZ MOHD ANWAR (571DM7431004657)

Date: 05-Nov-24 Exec Time : 51m 46 s Stage Time : 0 m 54 s HR: 90 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 170 / 80

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

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

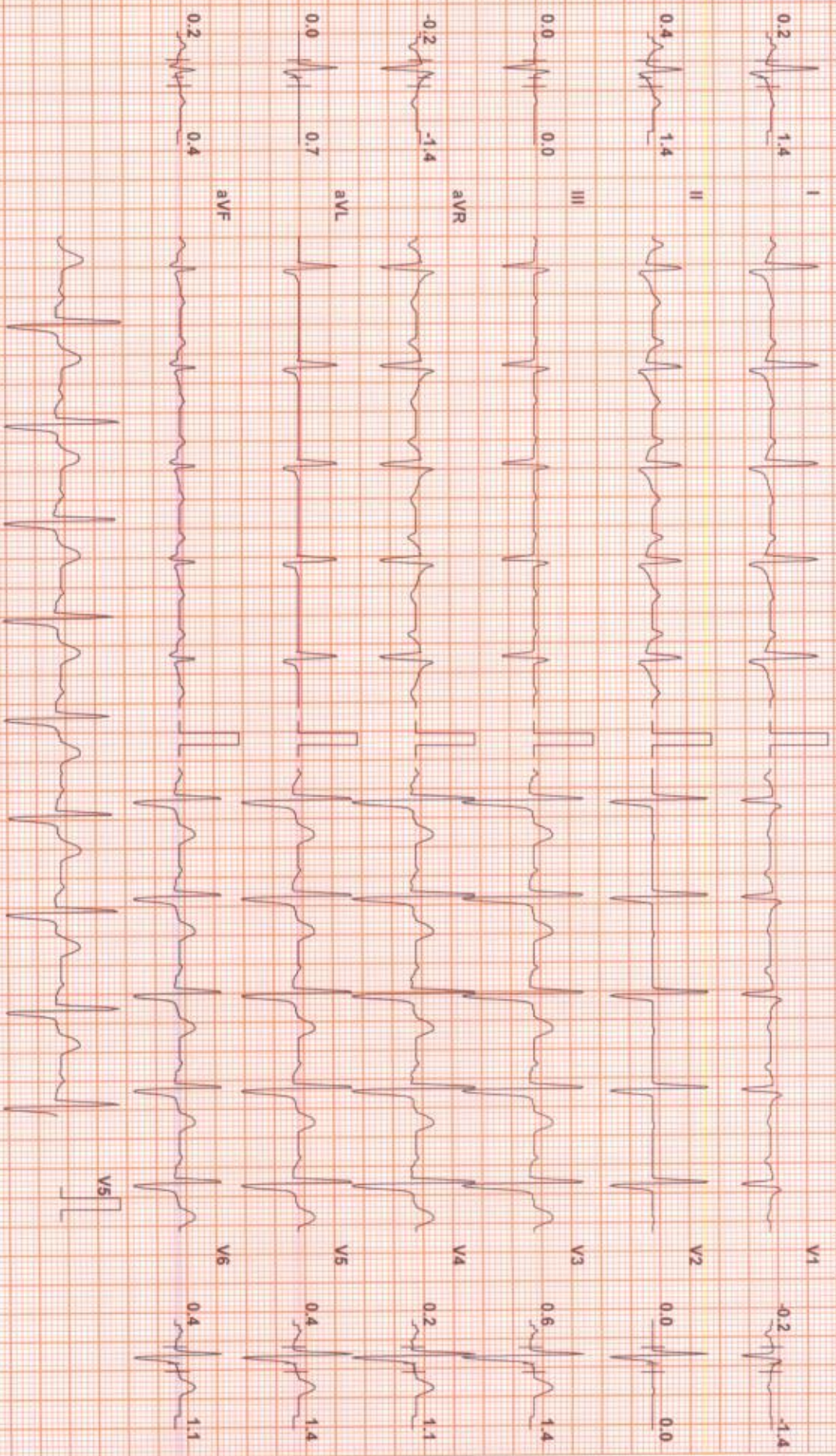


Chart Speed: 25 mm/sec
Schluter Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

MR. SHAIKH PARVEZ MOHD ANWAR (571007431004657)

Date: 05-Nov-24 Exec Time : 5 m 46 s Stage Time : 0 m 9 s HR: 89 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 138 bpm)

B.P: 160 / 80

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

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

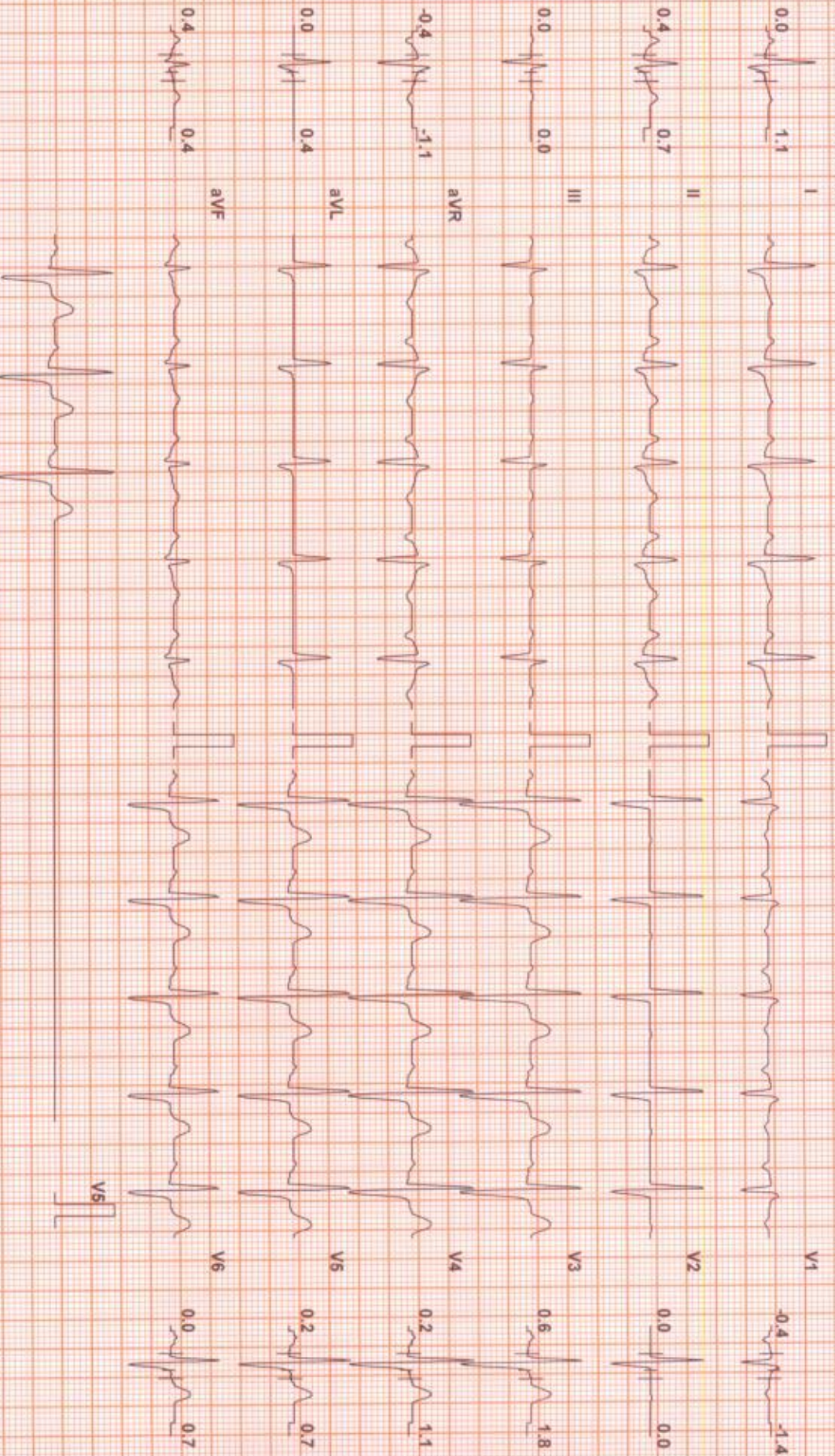


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO + R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2431004657
Name : Mr SHAIKH PARVEZ MOHD ANWAR
Age / Sex : 57 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 11:46

Use a QR Code Scanner
Application To Scan the Code

USG ABDOMEN AND PELVIS

LIVER: Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 4.1 cm.
Left kidney measures 10.7 x 5.1 cm. **A 3.1 mm sized calculus is noted at mid pole in left kidney.**
Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained.

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.
Prevoid vol - 267 cc.
Postvoid vol- 7 cc (not significant)

PROSTATE: Prostate is enlarged in size with normal echotexture and measures 3.1 x 5.3 x 3.8 cm in dimension and 33.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509364646>

Page no 1 of 2



CID : 2431004657
Name : Mr SHAIKH PARVEZ MOHD ANWAR
Age / Sex : 57 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 11:46

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:
PROSTATOMEGALY.
LEFT RENAL CALCULUS.
MILD FATTY LIVER.

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.

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

G. R. Fartade
Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509364646>

Page no 2 of 2

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2431004657
Name : Mr SHAIKH PARVEZ MOHD
ANWAR
Age / Sex : 57 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 12:40

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.
Elevated right dome of diaphragm.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT PLEURO-PARENCHYMAL ABNORMALITY IS DETECTED.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509364628>



CID : 2431004657
Name : MR.SHAIKH PARVEZ MOHD ANWAR
Age / Gender : 57 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 13:01

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.90	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Measured
MCV	76.6	80-100 fl	Calculated
MCH	24.9	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	2322.3	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	693.7	200-1000 /cmm	Calculated
Neutrophils	55.2	40-80 %	
Absolute Neutrophils	4162.1	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	346.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	339000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	11.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



Use a QR Code Scanner
Application To Scan the Code

CID : 2431004657
Name : MR.SHAIKH PARVEZ MOHD ANWAR
Age / Gender : 57 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 13:26

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-20 mm at 1 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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004657
Name : MR.SHAIKH PARVEZ MOHD ANWAR
Age / Gender : 57 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 13:28
Reported : 05-Nov-2024 / 16:54

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	96.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	169.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004657
Name : MR.SHAIKH PARVEZ MOHD ANWAR
Age / Gender : 57 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:59

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	32.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	15.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.11	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	77	(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
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation			
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	2.9	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Vandana Kulkarni

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2431004657
Name : MR.SHAIKH PARVEZ MOHD ANWAR
Age / Gender : 57 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 13:51

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 15:18

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	1.041	<4.0 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 24-48 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 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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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 15:18

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*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:03

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
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	Hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.5)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	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	
Bacteria / hpf	++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:03

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*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 12:57

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

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

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

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Pathologist



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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:58

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.7	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	19.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	30.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	8.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.5	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr.VANDANA KULKARNI
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Collected : 05-Nov-2024 / 09:40
 Reported : 05-Nov-2024 / 13:30

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.28	0.35-5.5 microIU/ml microU/ml	ECLIA



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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 upto15 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 trasiently altered becuae 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 non-thyroidal 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%(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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004657
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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:12

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.07	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.48	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	23.6	5-40 U/L	UV with P5P IFCC
SGPT (ALT), Serum	27.4	5-45 U/L	UV with P5P IFCC
GAMMA GT, Serum	32.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	72.7	40-130 U/L	PNPP

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*** End Of Report ***

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Collected : 05-Nov-2024 / 09:40
Reported : 05-Nov-2024 / 14:22

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
FUS and KETONES

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

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