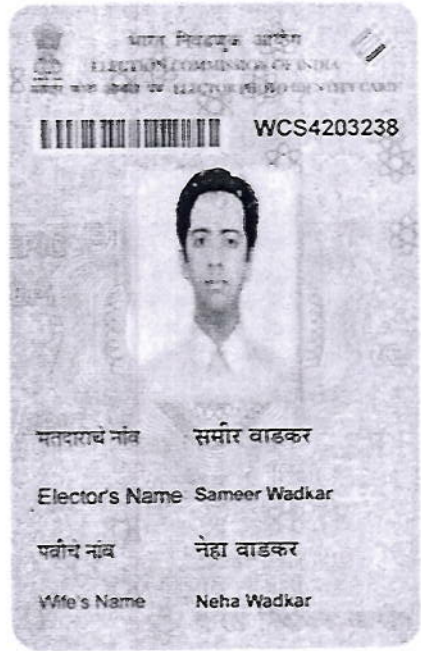


Patient Name	Sameer Wadkar		Date	8/3/2025	
Age	42		UHID No		
Sex	Male		Ref By		
Occupation			Phone No		
			Email		
HEALTH ASSESSMENT FORM					
A - GENERAL EXAMINATION					
CHIEF COMPLAINTS	None				
PAST HISTORY	None				
MEDICAL HISTORY	Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No	No	No	No	No
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No	No	No	No	No
	Other History				
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No	No	No	No	No
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	

BMI - 29.2

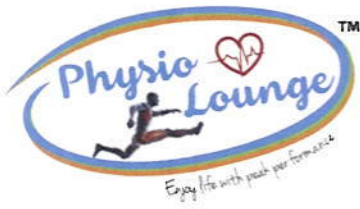
NAME	Sameer Wadkar	Weight	87.5 Kg
BP	124/94 mmHg	Height	173 cm
Pulse	81 bpm	SPO2	
Temperature	Afebrile	Peripheral Pulses	palpable
Oedema	(-)	Breath Sound	clear
Heart Sound	S1 S2 clear		
B - SYSTEMIC EXAMINATION			
FILL YES/NO			
CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	NO	Frequency of urine	
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	NO
EYES		OBS/GYNE	
Eye pain		Nycturia	
Spots before eyes	NO	Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		OBS/GYNE	
Vision changes		Abnormal bleed	
Itchy eyes		Vaginal Discharge	NA
EAR/NOSE/THROAT		Irregular menses	
Earaches		Midcycle bleeding	
CARDIOVASCULAR		MUSCULOSKELETAL	
Nose bleeds		Joint swelling	
Sore throat	NO	Joint pain	
Loss of hearing		Limb swelling	NO
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY (SKIN)	
		Acne	
RESPIRATORY		Breast pain	
Shortness of breath		Change in mole	NO
Cough		Breast	
Orthopnoea	NO	NEUROLOGICAL	
Wheezing		Confused	
Dyspnoea		Sensation in limbs	
Respiratory distress in sleep		Migraines	NO
GASTROINTESTINAL		Difficulty walking	
Abdominal pain		PSYCHIATRIC	
Constipation		Suicidal	
Heartburn	NO	Change in personality	
Vomiting		Anxiety	
Diarrhoea		Sleep Disturbances	NO
Melena		Depression	
		Emotional	



4 : 

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No. MMC 2013/12/3680

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.



Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 18:38

Investigations	Observed Value	Bio. Ref. Interval	METHOD
----------------	----------------	--------------------	--------

MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE

CBC-COMplete BLOOD COUNT

HAEMOGLOBIN	15.7	13.0 - 17.0 gm/dl	
RBC COUNT	4.95	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	46.3	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	93.54	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	31.72	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	33.91	31.5 - 34.5 g/dl	
RDW	12.7	11.6 - 14.0 %	
WBC COUNT	7.1	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	70	40 - 80 %	
LYMPHOCYTES	24	20 - 40 %	
EOSINOPHILS	1	1 - 6 %	
MONOCYTES	5	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	338	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	8.8	6.78 - 13.46 %	
PDW	16.4	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood - Tests done on Fully Automated Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

NRS Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 18:38

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE</u>			
ESR	10	< 20 mm at the end of 1Hr.	WESTERGREIN
INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	AB POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING



--- End of the Report ---

NRS

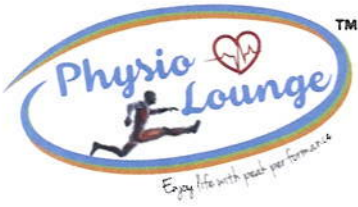
Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 15:49

Investigations	Observed Value	Bio. Ref. Interval	METHOD
----------------	----------------	--------------------	--------

MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE

FASTING BLOOD SUGAR

FBS	83.78	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : \geq 125 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols



--- End of the Report ---

NRS

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:45
		Reported On	: 08/03/2025 18:38

Investigations	Observed Value	Bio. Ref. Interval	METHOD
----------------	----------------	--------------------	--------

MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE

PPBS			
PPBS	102.1	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE, PLASMA
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
 Diabetic : \geq 126 mg/dl
 Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
 Diabetic : \geq 200 mg/dl
 Pre-Diabetic : 140- 199 mg/dl.
Random Blood Glucose : Diabetic : \geq 200 mg/dl
References : ADA(American Diabetic Association Guidelines 2016)
Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .
**All Test Results are subjected to stringent international External and Internal Quality Control Protocols



--- End of the Report ---

NRS

Dr. Vipul Jain
M.D.(PATH)
APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G






Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.25000000001
Patient Name : MR. SAMEER WADKAR
Age : 42 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104304
Registered On : 08/03/2025,03:44 PM
Collected On : 08/03/2025,03:55 PM
Reported On : 08/03/2025,10:55 PM
SampleID : 

REPORT

Biochemistry

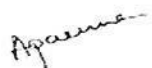
Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	5.8	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.
Method : HPLC (High Performance Liquid Chromatography)			
Mean Blood Glucose	119.8	mg/dL	80-140 mg/dl
Method : Calculated			
Note	Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.		

Scan to Validate



Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





UHID : AM10.25000000001
 Patient Name : MR. SAMEER WADKAR
 Age : 42 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104304
 Registered On : 08/03/2025,03:44 PM
 Collected On : 08/03/2025,03:55 PM
 Reported On : 08/03/2025,10:55 PM
 SampleID :

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

1.The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

3.Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Scan to Validate



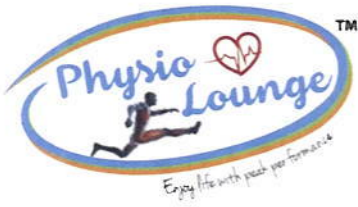
Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 15:49

Investigations	Observed Value	Bio. Ref. Interval	METHOD
----------------	----------------	--------------------	--------

MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE

Lipid Test

TOTAL CHOLESTEROL	131.56	130 - 200 mg/dl	
TRIGLYCERIDES	123.72	25 - 160 mg/dl	
HDL CHOLESTEROL	48.9	35 - 80 mg/dl	
LDL CHOLESTEROL	57.92	< 100 mg/dl	
VLDL CHOLESTEROL	24.74	7 - 35 mg/dl	
LDL-HDL RATIO	1.18	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	2.69	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---



NRS

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 15:49

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE</u>			
LIVER FUNCTION TEST			
SGOT	36.43	5 - 40 U/L	
SGPT	44.06	5 - 45 U/L	
TOTAL BILIRUBIN	0.42	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.18	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.24	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	7.92	6.0 - 8.3 g/dl	
ALBUMIN	5.09	3.5 - 5.2 g/dl	
GLOBULIN	2.83	2.0 - 3.5 g/dl	
A/G RATIO	1.8	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	68.96	53 - 128 U/L	
GGT	15.2	3 - 60 U/L	
REMARKS SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			



--- End of the Report ---

N. Jain

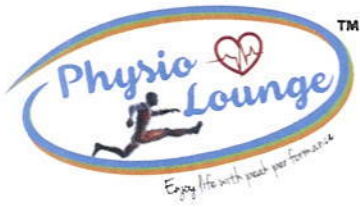
Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age / Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 15:49

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE</u>			
URIC ACID	5.44	3.5 - 7.2 mg/dl	URICASE
BUN			
UREA	27.62	19 - 44 mg/dl	
BLOOD UREA NITROGEN	12.91	9.0 - 20.5 mg/dl	
CREATININE	1.07	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
PHOSPHOROUS	3.91	2.7 - 4.5 mg/dl	AMMONIUM MOLYBDATE UV
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	12.91	9.0 - 20.5 mg/dL	
Creatinine	1.07	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	12.07	5.0 - 23.5	



--- End of the Report ---

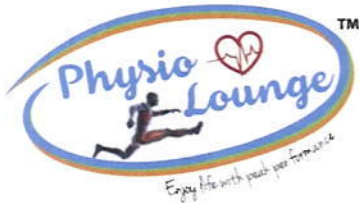
N. Jain

Dr. Vipul Jain
M.D.(PATH)
APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MR. SAMEER WADKAR	UHID	: VRX-51026
Age/Gender	: 42 Years /M	Registered On	: 08/03/2025 10:59
Referred By	: MEDIWHEEL	Collected On	: 08/03/2025 11:03
		Reported On	: 08/03/2025 18:38

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY PLUS COMPREHENSIVE ADVANCE</u>			
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.005		
REACTION (PH)	5.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	Absent		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

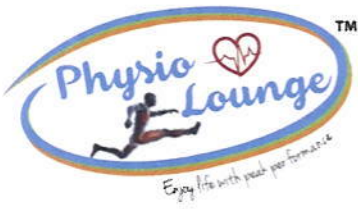
NRS

Dr. Vipul Jain
M.D.(PATH)
APPROVED BY


ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





UHID : AM10.25000000001
Patient Name : MR. SAMEER WADKAR
Age : 42 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104304
Registered On : 08/03/2025,03:44 PM
Collected On : 08/03/2025,03:54 PM
Reported On : 08/03/2025,10:55 PM
SampleID : 

REPORT

Immunology


Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	106.2	ng/dL	58-159
Total T4 Method : ECLIA	9.2	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.049	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng.dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl		
	T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl		
	TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

Scan to Validate



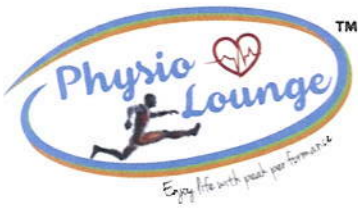
Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385



Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





UHID : AM10.25000000001
 Patient Name : MR. SAMEER WADKAR
 Age : 42 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104304
 Registered On : 08/03/2025,03:44 PM
 Collected On : 08/03/2025,03:54 PM
 Reported On : 08/03/2025,10:55 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
-----------	--------	------	-------------------------------

1.Total T3(Total Tri- ido- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyroidism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotprn releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

Scan to Validate



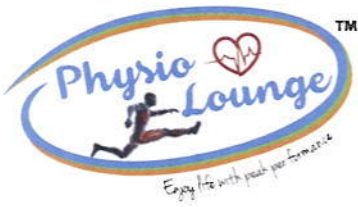
Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385


Aparna
 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





UHID : AM10.25000000001
 Patient Name : MR. SAMEER WADKAR
 Age : 42 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104304
 Registered On : 08/03/2025,03:44 PM
 Collected On : 08/03/2025,03:54 PM
 Reported On : 08/03/2025,10:55 PM
 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Vitamin B12	289.0	pg/mL	191 - 946
Method : Fully Automated Chemiluminescence System			

Interpretation :

Vitamin B12 is a cofactor for conversion of methylmalonyl Coenzyme A to succinoyl CoA . Vitamin B12 is implicated in the formation of myelin and along with folate is required for DNA synthesis . Causes of Vitamin B12 deficiency can be divided in to three classes: Nutritional deficiency, Malabsorption syndromes & other Gastrointestinal causes. B12 deficiency can cause megaloblastic anaemia(MA),nerve damage & degeneration of spinal cord.Lack of B12 can cause mild deficiencies,damage to the myelin sheath that surrounds & protects nerves. which may lead to peripheral neuropathy. People with intrinsic factor defects may develop a MA called as pernicious anaemia. Other conditions associated with low B12 levels are Iron deficiency anaemia, Celiac disease, parasitic infection,pancreatic deficiency & advancing age.Disorders associated with elevated B12 levels include renal failure, liver disease, myeloproliferative disease and external administration of Vitamin B12

Immunology

Test Name	Result	Unit	Biological Reference Interval
25-OH Vitamin D	21.2	ng/mL	Deficiency : Less than 12 Insufficiency : 12-30 Sufficiency : 30-70 Toxicity : More than 70.

Method : ECLIA

INTERPRETATION : Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants). Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 dihydroxyvitamin D. The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). 25-OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is biologically inactive with levels approximately 1000-fold greater than the circulating 1,25 (OH)₂ vitamin D. CAUSES OF VITAMIN D DEFICIENCY ARE: *Very low dietary intake *Malabsorption *Liver disease *Drugs such as phenytoin,phenobarbitone *Less exposure to sunlight *Age A high global prevalence of Vit D insufficiency/ deficiency is seen presently & is related to *Impaired bone metabolism (rickets/ osteoporosis) Secondary Hyperparathyroidism. *Cancers *Autoimmune disorders. *Cardiovascular problems. Kindly correlate all result clinically. Repeat with fresh sample if indicated clinically.

End of Report


Results are to be correlated clinically

Scan to Validate



Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385


 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"



Sameer Wadkar, 42yrs | M

08.03.2025 10:46:58

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

81 bpm
-- / -- mmHg

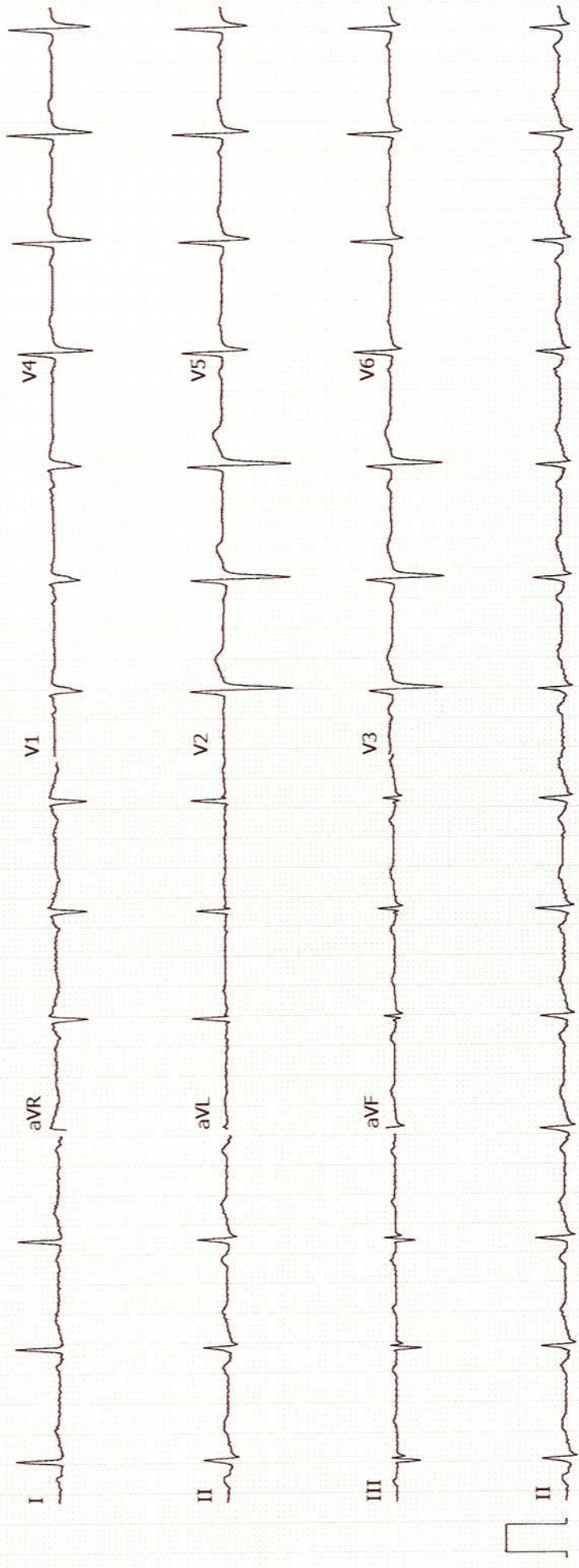
Normal sinus rhythm
Normal ECG

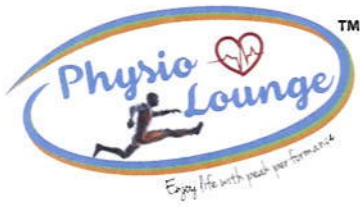
QRS : 90 ms
QT / QTcBaz : 336 / 390 ms
PR : 146 ms
P : 108 ms
RR / PP : 736 / 740 ms
P / QRS / T : 54 / 11 / 46 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Sina R. Singh
MD
Consultant (Card)

DR. SHEELA-SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680





Patient Name: MR.SAMEER WADKAR
Ref.:- MEDIWHEEL

Date: - 08/03/2025
Age: - 42 YRS/M

ECHO CARDIOGRAM AND COLOUR DOPPLER REPORT.

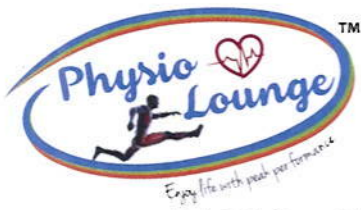
SUMMARY:

- * Normal LV systolic and diastolic function. LVEF = 0.55-0.60
- * Normal cardiac valves.
- * Trivial TR.
- * No regional wall motion abnormality at rest.
- * No PH.
- * Intact septae.
- * Normal aortic arch.
- * IVC collapsing and non-dilated

COMMENTS

- * The LV size, wall thickness and contractility are normal.
- * There is no regional wall motion abnormality at rest.
- * The LV systolic function is normal. LVEF =0. 55-0.60
- * There is no evidence of diastolic dysfunction.
- * The cardiac valves are structurally and functionally normal.
- * Trivial tricuspid regurgitation
- * PAP as estimated by the TR jet is 25mmHg. There is no PH.
- * There are no clots, vegetation's or pericardial effusion.

P.T.O



...PAGE 2.... MR.SAMEER WADKAR

- * The cardiac septae are intact.
- * The aortic arch is normal. There is no coarctation.
- * IVC collapsing and non-dilated


MEASUREMENTS

Dimensions :

LA	: 3.2 cm
AO	: 2.2 cm
AO (Sep)	: 15 mm
EF Slope	: 78 mm/sec
EPPS	: 3 mm
LVID(s)	: 2.2 cm
LVID(d)	: 4.1 cm
IVS(d)	: 0.9 cm
PW(d)	: 0.8 cm
RVID(d)	: 1.4 cm
LVEF	: 0.55-0.60.

DOPPLER

	MITRAL	AORTIC	TRICUSPID	PULMONARY
GRADE of regurgitation	NIL	NIL	TRIVIAL	TRIVIAL


DR. SHILPA SINGH
D. CARD
MD PHYSICIAN (Russia)

Disclaimer- 2 D Echo is a machine dependent and observer dependent study. Inter observer and inter machine variations can occur. It shows the condition of the heart at the given time only. It should not be the sole investigation to make clinical decision.



PATIENT NAME : MR. SAMEER WADKAR	AGE : 42 YEARS
LAB NO :	SEX : MALE
REF DR NAME : MEDIWHEEL	DATE : 08.03.2025

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus or hydronephrosis is seen.
Right kidney measures 106 x 46 mm. Left kidney measures 117 x 54 mm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is distended and reveal no intraluminal abnormality.

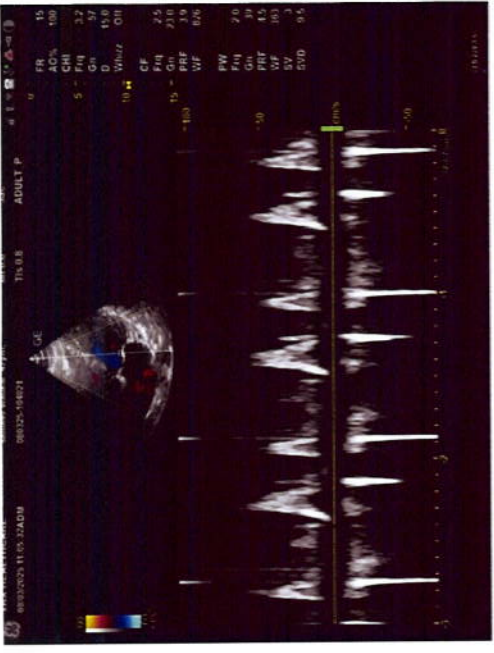
PROSTATE:

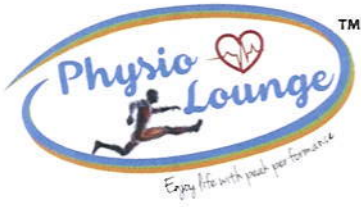
The prostate is normal in size and echotexture.

IMPRESSION:

No significant abnormality is seen.

DR. CHETAN SHETH
(CONSULTANT RADIOLOGIST)





Report

VRX HEALTH CARE PVT. LTD.

NAME : MR. SAMEER WADKAR
REF. BY : DR. MEDIWHEEL
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 08/03/2025

AGE: 42YRS/M

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.


DR. CHETAN SHETH
(CONSULTANT RADIOLOGIST).



08/03/25 12:32

IDNo : SAMEER WARADKA
R
NAME : ANONYMOUS03138
AGE : 42
SEX : Male
FOOT SIZE : 25cm-

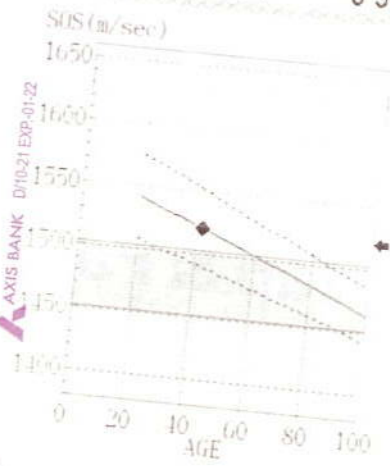
RESULT

Speed of Sound:

1520 m/sec

Heel Temp. 26.00°C
Unit Temp. 25.13°C

T-SCORE: -0.51
Z-SCORE: -0.03
%YAM: 90%
%AGE: 99%



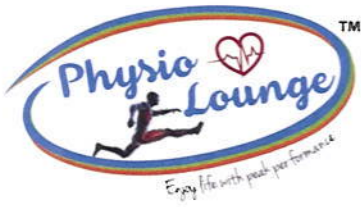
Ver. 2550660108

-21 EXP-01-22

AXIS BANK D/10/21 EXP-01-22

AXIS BANK D/10/21 EXP-01-22


AXIS BANK D/10/21 EXP-01-22



Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.25000000001
Patient Name : MR. SAMEER WADKAR
Age : 42 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A104593
Registered On : 10/03/2025,04:15 PM
Collected On : 10/03/2025,04:17 PM
Reported On : 10/03/2025,06:40 PM
SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total PSA Method : ECLIA	0.599	ng/mL	0.03 - 3.5

Interpretation :

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings. Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma. Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

End of Report

Results are to be correlated clinically


Scan to Validate



APARNA-JAIRAM
Verified By

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

