



Name : BINAY KUMAR PRASAD
Lab No. : 393915504
Ref By : SELF
Collected : 7/3/2025 9:25:00AM
A/c Status : P
Collected at : WALKIN - KANDIVALI EAST (MAIN CENTRE)
 Row House No. 3, Aangan, Opp. Thakur College,
 Thakur Village, Kandivali East, Mumbai,
 Maharashtra - 400101

Age : 46 Years
Gender : Male
Reported : 7/3/2025 9:07:02PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.48	<4.00 ng/mL	CLIA

Clinical Significance:

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

Interpretation:

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

Decreased In- Ejaculation within 24-28 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, 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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absence of prostate cancer.

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

Reference:

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





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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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





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

PARAMETER

RESULTS

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Leena Salunkhe
DPB
HOD

Dr Namrata Raul
MD, Biochemistry
Consultant Biochemist

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.3	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.0	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	42.7	40.0 - 50.0 %	Calculated
MCV	85.7	81.0 - 101.0 fL	Measured
MCH	28.7	27.0 - 32.0 pg	Calculated
MCHC	33.5	31.5 - 34.5 g/dL	Calculated
RDW	13.8	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4530	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.7	20.0 - 40.0 %	
Absolute Lymphocytes	1526.6	1000.0 - 3000.0 /cmm	Calculated
Monocytes	6.3	2.0 - 10.0 %	
Absolute Monocytes	285.4	200.0 - 1000.0 /cmm	Calculated
Neutrophils	57.5	40.0 - 80.0 %	
Absolute Neutrophils	2604.8	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	2.2	1.0 - 6.0 %	
Absolute Eosinophils	99.7	20.0 - 500.0 /cmm	Calculated
Basophils	0.3	0.1 - 2.0 %	
Absolute Basophils	13.6	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	202000	150000 - 410000 /cmm	Elect. Impedance
MPV	10.3	6.0 - 11.0 fL	Measured
PDW	18.9	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others Normocytic
Normochromic

Specimen: EDTA whole blood





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	8.00	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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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	83.43	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	88.77	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	18.00	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	8.41	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.95	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	99.40	(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	6.96	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.57	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.39	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.91	1.00 - 2.00	Calculated
URIC ACID, Serum	5.39	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.40	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.60	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	142.20	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.2	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	103.30	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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	99.7	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)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	





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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	176	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	37	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	108	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	31	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	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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MediWheel Full Body Health Checkup Male >40/2D ECH
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.41	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	15.30	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	1.41	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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MediWheel Full Body Health Checkup Male >40/2D ECH
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.77	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	6.96	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.57	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.39	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.91	1.00 - 2.00	Calculated
SGOT (AST), Serum	22.00	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	38.30	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.30	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	121.00	40.00 - 130.00 U/L	Colorimetric





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Reported : 7/3/2025 9:07:29PM
Report Status : Interim
Processed at : BORIVALI LAB, BORIVALI WEST

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.011	1.002-1.035	Chemical Indicator
Reaction (pH)	5.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.00	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.1	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	12.20	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab





Name	: BINAY KUMAR PRASAD	Age	: 46 Years
Lab No.	: 393915504	Gender	: Male
Ref By	: SELF	Reported	: 7/3/2025 9:07:29PM
Collected	: 7/3/2025 9:25:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: BORIVALI LAB, BORIVALI WEST
Collected at	: WALKIN - KANDIVALI EAST (MAIN CENTRE) Row House No. 3, Aangan, Opp. Thakur College, Thakur Village, Kandivali East, Mumbai, Maharashtra - 400101		

URINE EXAMINATION REPORT

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



Result/s to follow:
EXAMINATION OF FAECES, Glucose & Ketones, Urine

IMPORTANT INSTRUCTIONS

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

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

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

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



Patient Name: Binay Kumar Prasad

Age/Sex: 46/M

CID:

DATE: 7/13/25

History and Complaints:

Hx: 3-4 yr an h

EXAMINATION FINDINGS:

Height (cms):	169 cms	Weight (kg):	85 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/90	Nails:	Normal
Pulse:	80 /min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

USA - fatty liver
Dyslipidemia

ADVICE:

low fat diet

--

HIEF COMPLAINTS:

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

PERSONAL HISTORY:

1)	Alcohol	No	SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Row House No.3, Angan Thakur Village, Kandivali (East) Mumbai - 400101 Tel : 61700000
2)	Smoking	No	
3)	Diet	- <i>mixe</i>	
4)	Medication	No	

Dr. Jagrati Dhale
MBBS
Consultant Physician *J. Dhale*
Reg. No. 69548

Date:- 7/3/25

CID: 393915504

Name:- Binay Prasad

Sex/Age: 46 / m

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

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

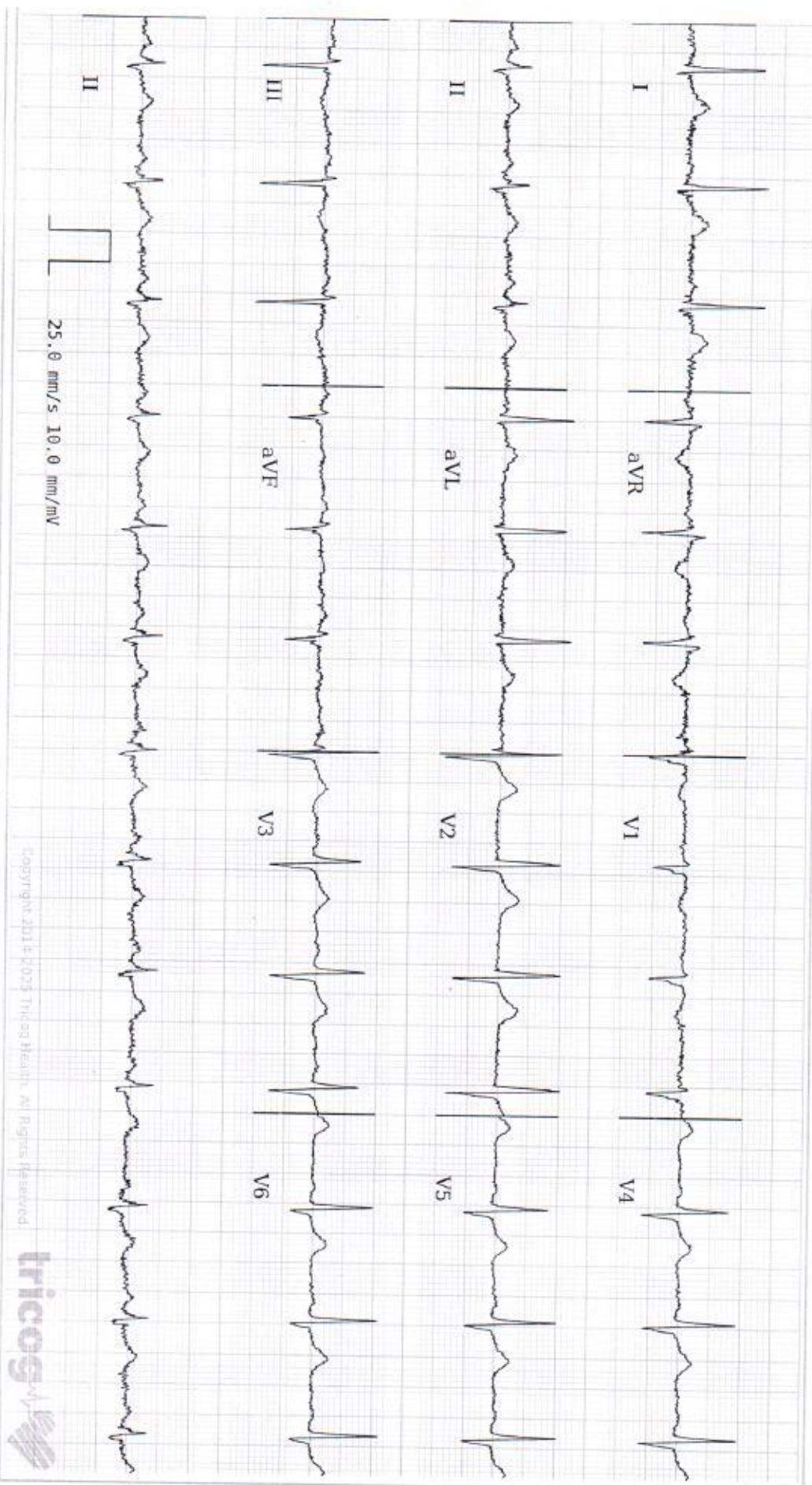
Colour Vision: Normal / Abnormal

Remark:

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

Patient Name: BINAY KUMAR PRASAD
Patient ID: 393915504

Date and Time: 7th Mar 25 10:49 AM



Age **46** **8** **21**
years months days

Gender **Male**

Heart Rate **80**bpm

Patient Vitals

BP: 130/90 mmHg
Weight: 85 kg
Height: 169 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 94ms
QT: 392ms
QTcB: 452ms
PR: 148ms
P-R-T: 67° -19° 9°

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



REPORTED BY

[Signature]

DR ANHIL PARULKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082485

Disclaimer: This analysis of the tracing is based on ECG analysis and should be used as a clinical tool only. Always correlate with patient history and physical examination and non-invasive tests. This report is intended for informational purposes only. It is not a substitute for a physician's diagnosis. Copyright 2014-2025 Tricog Health. All Rights Reserved.

CID : 393915504
Name : Mr. BINAY KUMAR PRASAD
Age / Sex : 46 Years/Male
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 12:31

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8 cm) shape and smooth margins. It shows bright 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 appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears 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, hydronephrosis or mass lesion seen.
Right kidney measures 10.7 x 5.1 cm. Left kidney measures 10.5 x 5.0 cm.

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 well distended and reveal no intraluminal abnormality.

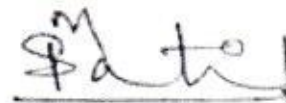
PROSTATE:

The prostate is normal in size and volume is 19 cc.

IMPRESSION:

Grade I fatty liver.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

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

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

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

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

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

CID : 393915504
Name : Mr. BINAY KUMAR PRASAD
Age / Sex : 46 Years/Male
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 21:37

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Note: Investigations have their limitations. solitary radiological investigations never confirm the final diagnosis.They only help in diagnosing the disease in correlation to clinical symptoms and other related tests.X ray is known to have inter observer variations.Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosisPlease interpret accordingly.In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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



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

Click here to view images <<ImageLink>>



EMail: 1707BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg Date: 07 - 03 - 2025 11:38:40 AM Refd By : MEDIWHEEL

REPORT :

Heart Rate 88.0 bpm Systolic BP 170.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 06:30 Mins. METS 7.6
 Test End Reason , Heart Rate Achieved Target Heart Rate 174.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

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

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



Email:

1170 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg
 Date: 07 - 03 - 2025 11:38:40 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	083	48 %	130/90	107	00	
Standing	00:26	0:20	00.0	00.0	01.0	088	51 %	130/90	114	00	
HV	00:33	0:07	00.0	00.0	01.0	093	53 %	130/90	120	00	
ExStart	00:56	0:23	00.0	00.0	01.0	111	64 %	130/90	144	00	
BRUCE Stage 1	03:56	3:00	02.7	10.0	04.7	123	71 %	130/90	159	00	
BRUCE Stage 2	06:56	3:00	04.0	12.0	07.1	144	83 %	160/80	230	00	
PeakEx	07:26	0:30	05.5	14.0	07.6	152	87 %	170/80	258	00	
Recovery	08:26	1:00	00.0	00.0	01.1	143	82 %	170/80	243	00	
Recovery	08:40	1:15	00.0	00.0	01.0	137	79 %	170/80	232	00	

FINDINGS :

Exercise Time : 06:30
 Initial HR (ExStrt) : 111 bpm 64% of Target 174
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max WorkLoad Attained : 7.6 Fair response to induced stress
 Duke Treadmill Score : 11.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 152 bpm 87% of Target 174
 Max BP Attained 170/80 (mm/Hg)

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

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2912052493

Doctor: DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:06)



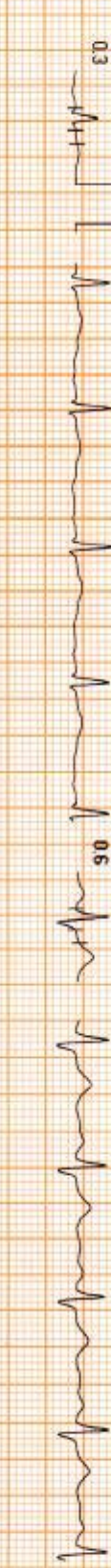
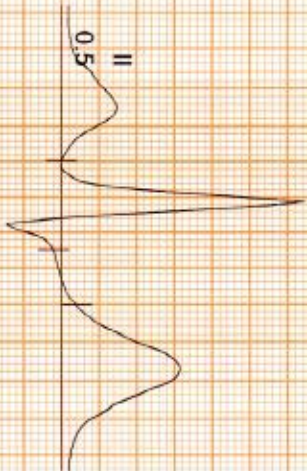
1170 (393915304) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 87

Date: 07 - 03 - 2025 11:38:40 AM METS: 1.0/87 bpm 50% of THR BP: 130/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 90 ms Post U

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:20)



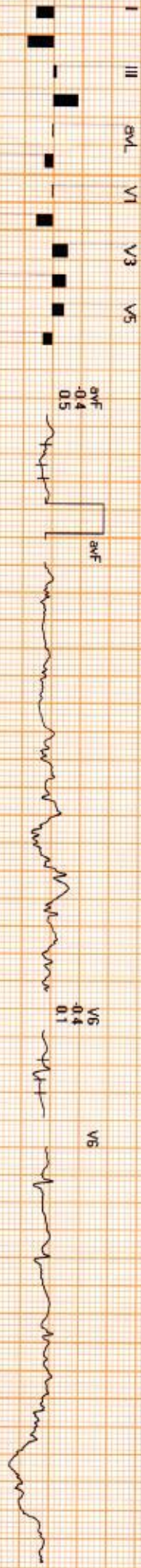
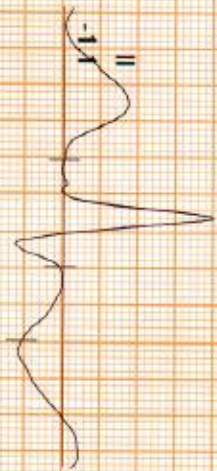
1170 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 88

Date: 07-03-2025 11:38:40 AM METS: 1.0/ 88 bpm 51% of THR BP: 130/90 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KmPh. 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:07)



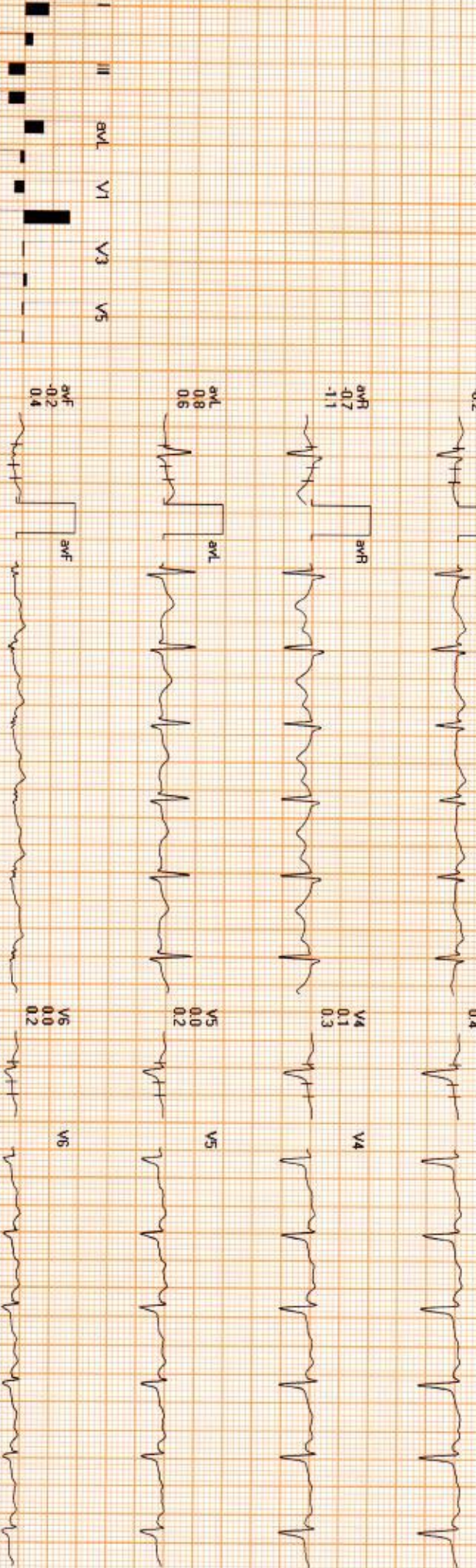
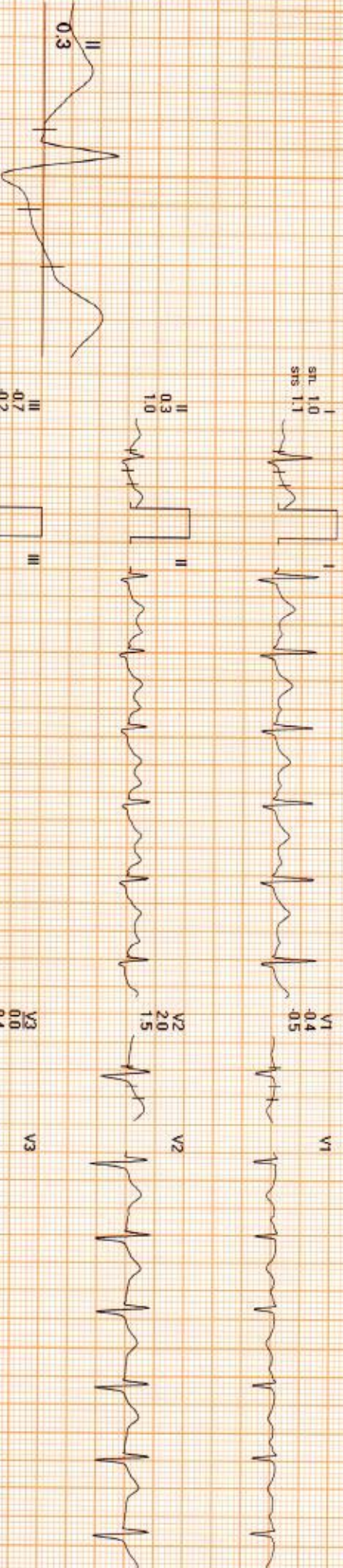
1170 (333915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 93

Date: 07 - 03 - 2025 11:38:40 AM METS: 1.0/93bpm 53% of THR BP: 130/90 mmHg Raw ECG/ELC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

AX 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



1170 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 111

Date: 07-03-2025 11:38:40 AM METS: 1.0/111 bpm 64% of THR BP: 130/90 mmHg Rew ECG/BLC On/Noch On/FF 0.05 Hz/AF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

I
STL 0.6
STRS 1.0



VI

II
0.5
1.1



V2



III
0.0
0.1



V3

aVR
0.5
-1.0



V4

aVL
0.3
0.4



V5

aVF
0.2
0.6



V6



V6
0.5
0.6



REMARKS:

I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



1170 (3393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 123

Date: 07 - 03 - 2025 11:38:40 AM METS: 4.7 / 123 bpm 71% of THR BP: 130/90 mmHg Rew ECG/BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 03:00 2.7 Kmph 10.0%

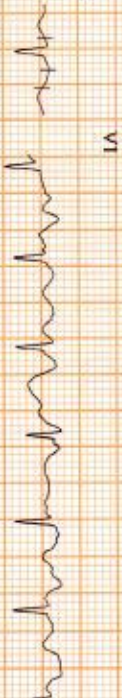
4X 80 a/s Post J

25 mmv/Sec 1.0 Cm/mV

I
STL 0.8
STS 1.3



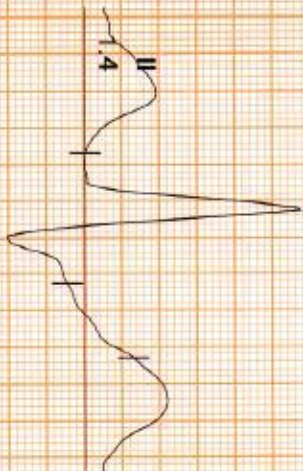
V1
0.4
-1.1



II
1.4
2.2



V2
0.7
1.0



III
0.4
0.9



V3
1.3
1.6



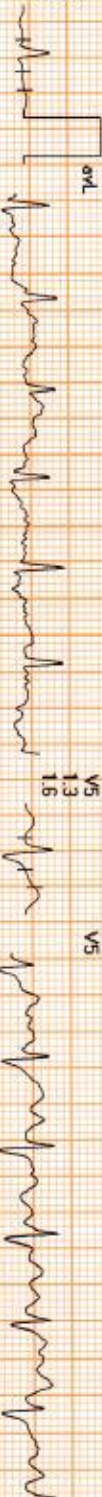
aVR
-1.1
-1.8



V4
1.1
1.5



aVL
0.2
0.2



V5
1.3
1.6



aVF
0.9
1.7



V6
1.1
1.3



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 (03:00)



1170 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 144

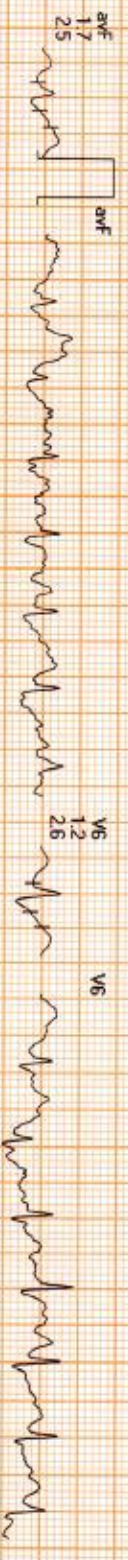
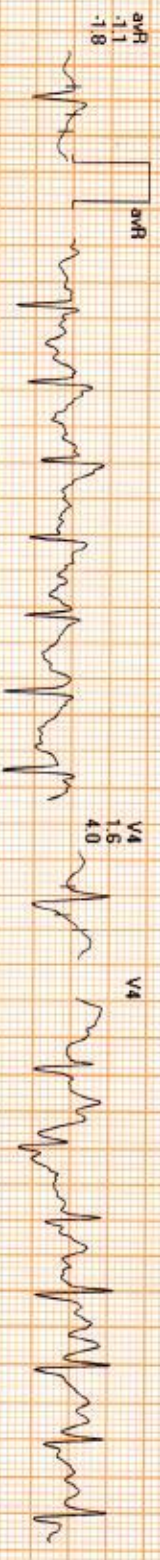
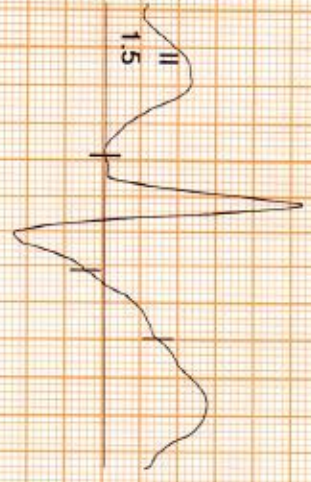
Date: 07 - 03 - 2025 11:38:40 AM METS: 7.1/144 bpm 83% of THR BP: 160/80 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/ AF 35 Hz

4X

60 mS Post J

25 mm/Sec. 1.0 Cm/mV

EXTime: 06:00 40 Kmpl. 12.0%



REMARKS:
II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakEX



11770 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 152

Date: 07 - 03 - 2025 11 :38:40 AM

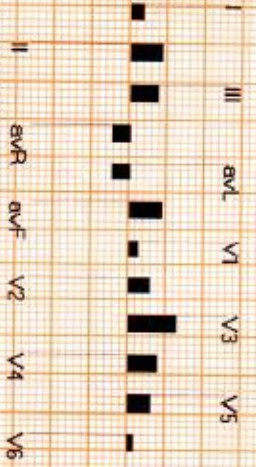
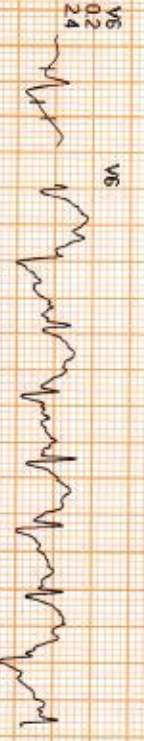
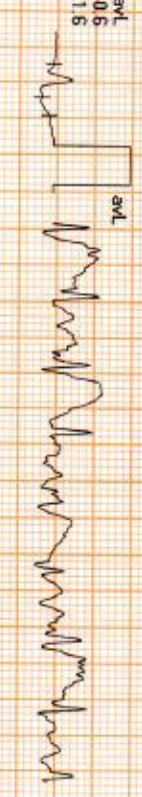
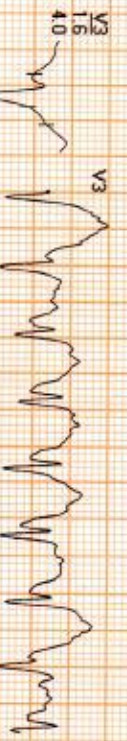
METS: 7.6/152 bpm 87% of THR BP: 170/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTIME: 06:30 5.5 Km/Ph 14.0%

4X

50 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:00)



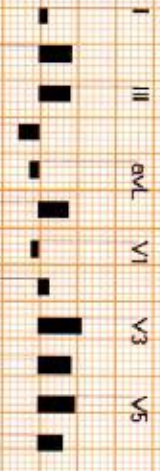
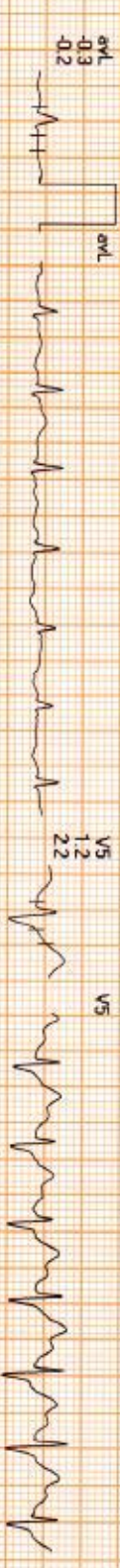
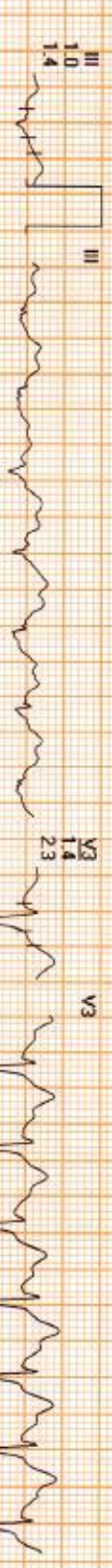
1170 (393915504) / BINAY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR : 143

Date: 07 - 03 - 2025 11:38:40 AM METS: 1.1 / 143 bpm 82% of THR BP: 170/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:30 0.0 Kmpl. 0.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6

II 0.3 0.3 1.0
STs 1.0
I 1.1 1.1 2.3
II 1.0 1.0 1.4
III 1.0 1.0 1.4
V1 0.2 0.2 0.8
V2 0.4 0.4 0.7
V3 1.4 1.4 2.3
V4 1.1 1.1 2.2
V5 1.2 1.2 2.2
V6 0.8 0.8 1.6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:14)



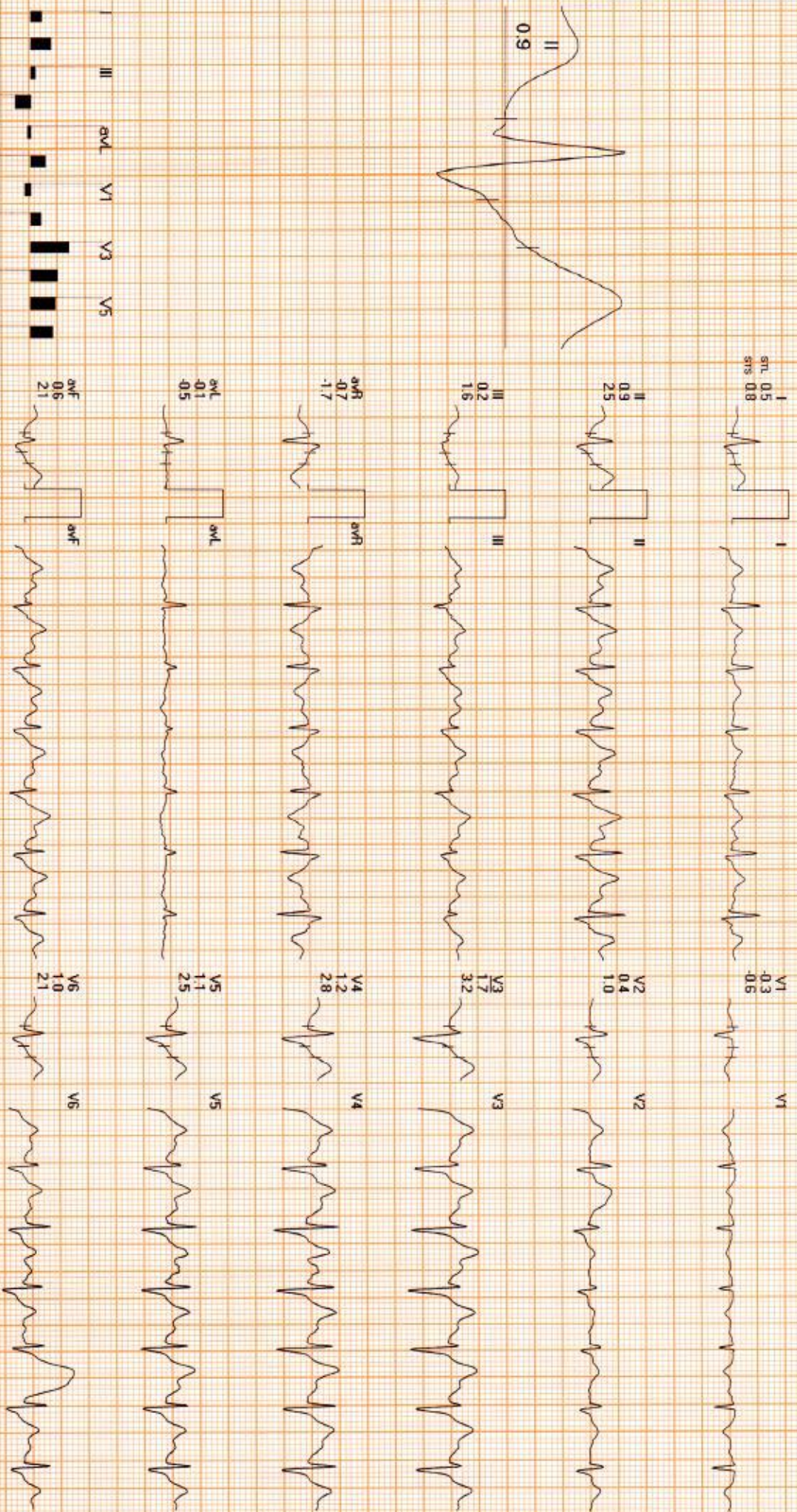
1170 (393915504) / BINARY KUMAR PRASAD / 46 Yrs / M / 169 Cms / 85 Kg / HR 137

Date: 07-03-2025 11:38:40 AM METS: 1.0 / 137 bpm 79% of THR BP: 170/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:30 0.0 KmPh. 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6