

# MEDICAL EXAMINATION REPORT

**Date** - 08/03/2025

Name: Sukrit Swamy.

Age: 41 years

Gender: Male

Measurements: Temp:98F, Height: 160cms, Weight: 70kg, BMI: 27.34%

**Chest Measurements**: Inspiration - 101cms, Expiration - 91cms, Abdominal girth - 91 cms.

**History**: K/c/o Dyslipidemia on Tab.Rosuvas F 5 0-0-1 [once weekly].

Past history: Not tested positive for Covid-19 infection till date.

2 doses vaccinated.

Personal history: Nil significant history.

Neurological history: Nil significant history.

Menstrual history: N.A.

Family history: Nil significant history.

Allergic history: Nil significant history.

Nature of work: Sedantary.

Occupational history: Customer Service Associate at Union Bank of India.

Ongoing treatment: Tab.Rosuvas F 5 0-0-1 [weekly once].

General examination: No Pallor, No jaundice, clubbing, cyanosis,

lymphadenopathy ,pedal oedema.

Built: Good.

Nutrition: Good.

Pulse: 72 bpm

**B.P**: 110/70mmHg

RS: Clear, NAD.

CVS: S1S2, NAD.

CNS: conscious, well oriented

PA: Soft, non-tender, No organomegaly

Skin: NAD.

Musculoskeletal: NAD

Vision:

[R]

[L]

-Without glasses

Distant: 6/6

Distant: 6/6

Near: N-6

Near: N-6

Colour vision: Normal, NAD.

ENT: NAD



DR. DIGAMBAR NAIK M.D. Consultant Physician Cardiologist GMCRey No. 1238

DR.DIGAMBAR.S.NAIK

[M.B.B.S, MD]

[Consultant Physician Cardiologist]

DR. Land Ray Brother Cardiologist ConsuRate Reg.No. 1238



Patient ID

: 21833

Patient Name

: Mr. SUKRIT SWAMY

Age/ Sex

: 41 Years / Male

Consultant Doctor

: MEDIWHEEL

SampleID

: 40457

Receipt Date

:08-Mar-2025

Report Date

: 08-Mar-2025

LabCode

INVESTIGATION

RESULT

REFERENCE RANGE

UNIT

### HAEMATOLOGY

CBC				
Haemoglobin	13.9		13.5-18.0	,
Total Leucocyte	4900		_	gm%
Count(TLC)			4000-10000	cells/cumm
Differential Leucocyte Count(DI	_C)			
Neutrophil	49.7	L	50-70	07
Lymphocyte	42.7	H	20- 40	%
Monocyte	6.5		0-8	%
Eosinophil	1.0		0-4	%
Basophil	0.10		0-1	%
Packed Cell Volume (PCV)	45.2		36-48	%
Total RBC Count	4.73		3.5-5.5	%
	0		3.3-3.5	millions/cu
Platelets Count	1.54		1.45-4.5	mm lakh/cumm
RBC Indices				iaki (Cumm
MCV	95.56		80-99	C
MCH	29.3		26-32	Cu microns
MCHC	30.75	L	32-36	Picograms
E.S.R.	17	H	upto 15	g/dl 
and the second s		•••	upto 15	mm/hr
Blood Group				
ABO	"B"			
RH- Typing	POSITIVE			



P. Reddy

DR. PRADNYA N. REDDY

M.B.B.S, MD PATHOLOGY

GMC Reg. No. 5184



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**BIOCHEMISTY** 

**BLOOD SUGAR FASTING** 

Blood Sugar (F)

75

70-110

mg/dl

BLOOD SUGAR POST PRANDIAL

Blood Sugar (PP)

80

80-140

mg/l

LDL/HDL RATIO

1.6

BELOW 5.0

mg/d

Hba1c- GLYCOSYLATED HAEMOGLOBIN (EDTA SAMPLE)

HbA1c

5.8

DIAGNOSTIC REFERENCE RANGE

Non-diabetic: 4.5 -6.5

%

THERAPEUTIC GOALS FOR GLYCEMIC CONTROL

Ideal control: 6.0-7.0

Good control: 7.0-8.0

Poor control: > 8.0

Estimated Average :129

mg/d





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IMMECTIC ATTION			
INVESTIGATION	RESULT	REFERENCE RANGE	UNIT

	ВІОСНІ	EMISTRY	
<b>Complete Liver Profile</b>			
Bilirubin Total	0.57	upto 1.0	
Direct Bilirubin	0.15	upto 0.3	mg/dl
Indirect Bilirubin	0.42	upto 0.9	mg/dl
S.G.O.T	45	upto 45	mg/dl
S.G.P.T	36	upto 49	IU/L
GAMMA GT	17	11-61	IU/L
Alkaline Phosphatase	149	110-310	U/L
Total Protein	6.5	6.5-8.5	U/L
Albumin	4.6	3.2 - 5.5	gm/dl
Globulin	1.90	1.8 - 3.6	gm/di
Albumin: Globulin	2.42	1.1 - 2.2 : 1	gm/dl
LIPID PROFILE	1		
Cholesterol	166	upto 200	
Triglyceride	124	60-165	mg/dl
HDL (High Density	53	35-55	mg/dl
Lipoprotein)		30-00	mg/dl
LDL (Low Density Lipoprotein)	88.20	80-120	mg/dl
VLDL (Very Low Density Lipoprotein)	24.80	5-30	mg/dl
CHOL:HDL	3.13	0-4.4	mg/dl
<b>Complete Renal Profile</b>			
Blood UREA	22	15-45	
Sr. CREATININE	1.3	0.5-1.5	mg/dl
URIC ACID	6.8	3.5-7.5	mg/dl mg/dl



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Patient Name Age/ Sex

:SUKRIT SWAMY

: 41YEARS / Male : ··· MEDIWHEEL Receipt Date:08-Mar-2025 Report Date:08-Mar-2025

Consultant Doctor
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TEST NAME	VALUE	UNITS	
		ONTS	NORMAL RANGES
BUN	10	BE- 4-11	
		Mg/di	7-20
CREATININE	1.3		
	1.5	Md/dl	0.5-1.5
BUN/SR.CREATININE	_		
RATIO	7	Ratio	
			d 2



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### URINE ANALYSIS

Urine Routine/Microscopic Exam

PHYSICAL EXAMINATION

COLOUR

PALE YELLOW

**APPEARANCE** 

CLEAR

SP.GRAVITY

1.005

1.003-1.030

CHEMICAL EXAMINATION

REACTION

**ACIDIC** 

**SUGAR** 

NIL

**ALBUMIN** 

NIL

**UROBILINOGEN** 

**NORMAL** 

KETONE BODIES

**ABSENT** 

**BLOOD** 

**ABSENT** 

**LEUKOCYTES** 

**ABSENT** 

MICROSCOPIC EXAMINATION

**PUS CELLS** 

2-3

NIL

0-2

/HPF

**EPITHELIAL CELLS** 

RBC's

1-2

0-6

/HPF

**CRYSTALS** 

**ABSENT** 

/HPF

**CASTS** BACTERIA

YEAST CELLS

**ABSENT** 

**ABSENT** 

**ABSENT** 

P. Reddy

DR. PRADNYA N. REDDY M.B.B.S, MD PATHOLOGY GMC Reg. No. 5184



## LABORATORY TEST REPORT

Patient Name Mr SUKRIT SWAMY

Age: 41 Year(s) Gender: Male

Sample ID

: 21248524

Sample Type

: Serum

Patient ID

: 2725803

Ref. Doctor

Ref. Customer

Lab Code CPC-GO-020

Sample Collection Date

: 2025-03-08 00:00

Registration Date

: 2025-03-08 15:58

Approved Date

: 2025-03-08 18:20

#### **CLINICAL BIOCHEMISTRY**

Test Description	Result	Units	Biological Reference Ranges
Thyroid Profile I			*
T3-Total, Tri Iodothyronine (TT3) (Method: Chemiluminescence)	121.30	ng/dL	60 - 200
T4-Total, Thyroxine (TT4) (Method: Chemiluminescence)	8.0	μg/dL	4.6 - 10.5
Thyroid Stimulating Hormone, (TSH) (Method: Ultrasensitive Chemiluminescence TSH3rd generation)	2.67	μIU/mL	0.37-5.50

## Thyroid Function Test Interpretation

The thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism. The following table summarizes some examples of typical test results and th

TSH	Total T4	Total T3	and their potential meaning.
Normal	Normal	Normal	None Conditions
Low	High	High	
High	Normal	Normal	Hyperthyroidism
High	Low		Mild (subclinical) hypothyroidism
Low	1000	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome
nto.			, Soldcarice syridi Office

- The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hyperthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy

-- End of Report--



M Ramesh Babu Manager Lab Operations





Dr Johanna Alba De Souza MD, Pathologist



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# CLINICAL BIOCHEMISTRY

est Description	ICAL BIOCHEMISTR	R <b>Y</b>	
Thyroid Stimulating Hormon (Taux	Result	Units	Biological Reference Ranges
Method: Ultrasensitive Chemiluminescence TSH3rd generation)  Prostate Specific Antigen (PSA Total)	2.67	µIU/mL	0.37-5.50
Method: Chemiluminescence)	0.387	ng/mL	0-4

- This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50
- years or age.

  2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

  3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein hinding.
- PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
   PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All breast milk.
   Physiological decrease in DSA level by 1921 by
- breast milk.

  7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine Recommended Testing Intervals

- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend Clinical Use
- An aid in the early detection of Prostate cancer when used in conjunction with
- An aid in the early detection of Prostate cancer when used in conjunction with
  Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
  Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer Prostate cancer Benign Prostatic Hyperplasia
- Prostatitis
- Genitourinary infections



M Ramesh Babu Manager Lab Operations





Dr Johanna Alba De Souza MD, Pathologist



Name: SWAMY SUKRIT

Gender: Male

Date of Birth: 01/01/1984

Case ID: 912 Age: 41 Year(s), 2 Month(s), 7 Day(s)

Height: 0 cm(s)

**BSA**: 0

**BP**: 0/0 mmHg

Weight: 0.0 Kg(s)

BMI: 0

Date of Report: 08/03/2025

Date of Ultrasound: 08/03/2025 03:09:15 PM

Referred By : None

Reason for Ultrasound: Routine checkup

Examined By: Dr. Digambar Naik

# Following observations were obtained

LIVER

Fatty changes: Grade I

LEFT KIDNEY

Is smoothly marginated.

Carticomedullary differentiation is maintained

No hydonephrosis No abnormal growth seen No calculi or calcinosis

RIGHT KIDNEY

Is smoothly marginated.

Carticomedullary differentiation is maintained

No hydonephrosis No abnormal growth seen No calculi or calcinosis

ADRENALS

Not Enlarged

PANCREAS

Head, tail and body of the pancreas appear normal

GALL BLADDER

Is normal in size, shape and position

Wall is not thickened

No calculi No polyp

SPLEEN

Is normal in size and overall echogenicity

Splenic vein is normal

No varieces

AORTA

Is well seen and is smooth

No aneurysmal dilatation

No calcification

**IVC** 

Is normal in size

Collapses during inspiration

Contents clear

URINARY BLADDER

Is full

Normal bladder wall

No calculi No growth

LYMPH NODES

: No significant lymphadenopathy

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HERNIA

: No hernia seen

**PROSTRATE** 

Normal in size and structure

INTESTINE

: Small Intenstines and Large Intenstines are Normal

**APPENDICITIS** 

: Normal in size.

EO FLUID AND VISUAL

**BOWEL LOOPS** 

.

## Impressions

Grade I fatty liver

Dr. Digambar Naik
M.D. (Med) D.O.I.H,F.I.A.E, D.H.A, F.A.I.M.P (Cardiology)



Name: SWAMY SUKRIT

Gender: Male

Date of Birth: 01/01/1984

Height: 0 cm(s) Weight: 0.0 Kg(s) BSA:0

BMI: 0

Reason for Ultrasound: Routine checkup

Date of Ultrasound: 08/03/2025 03:09:15 PM

**BP**: 0/0 mmHg

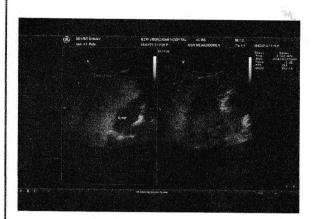
**Date of Report :** 08/03/2025

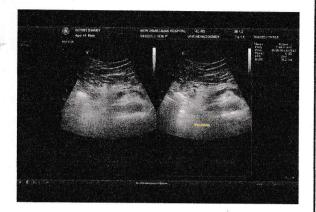
Referred By: None

Examined By: Dr. Digambar Naik

Age: 41 Year(s), 2 Month(s), 7 Day(s)

## Critical Image (s)

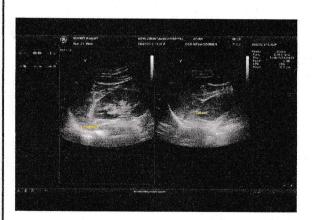


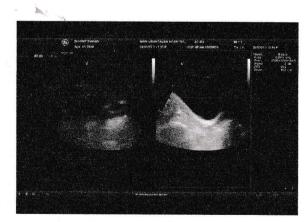


Case ID: 912









Subject: Health Check up Booking Confirmed Request(35E8698), Package Code-, Beneficiary Code-332607

From: Mediwheel < wellness@mediwheel.in>

Date: 07-03-2025, 2:44 pm To: hospital@newvrundavan.com CC: customercare@mediwheel.in

#### Hi New Vrundavan Hospital,

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package** 

Name

: Mediwheel Full Body Annual Plus Above 50 Male

Patient Package

Name

: MediWheel Full Body Health Checkup Male 40 To 50

**Contact Details** 

: 9004648138

Appointment Date: 08-03-2025

Confirmation

Status

: Booking Confirmed

**Preferred Time** 

: 09:00 AM - 09:30 AM

Mem	ber Information	
Booked Member Name	Age	Gender
Sukrit Swamy	40 year	Male

We request you to facilitate the employee on priority.

Thanks,

Mediwheel Team

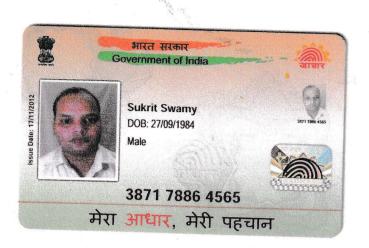
Please Download Mediwheel App



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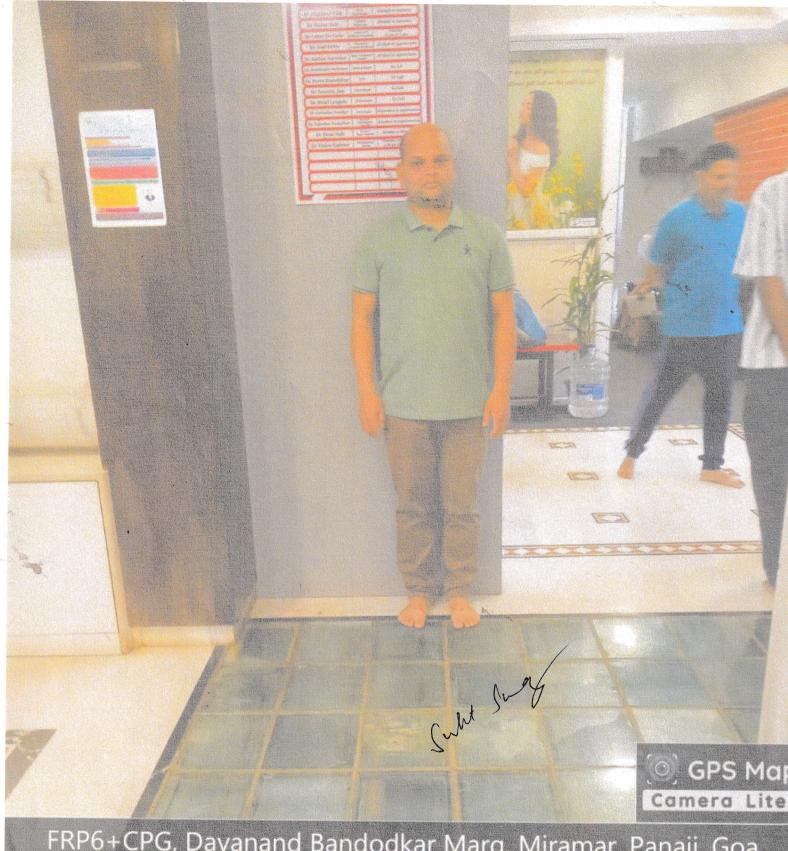
Please visit to our Terms & Conditions for more information. Click here to unsubscribe.

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Sulmix Son or





FRP6+CPG, Dayanand Bandodkar Marg, Miramar, Panaji, Goa 403001, India

Latitude 15.486161°

Longitude-73.812108° Local GMT

09:04:32 AM 03:34:32 AM

Altitude 10 meters

Date

Sat, 08 Mar 2025