

PHYSICAL EXAMINATION REPORT

Patient Name	Subodh Kumar	Sex/Age	M / 47
Date	8/3/25	Location	Home

History and Complaints

NO any specific G/O

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	AKB
Weight (kg):	85.5	Skin:	7NAD
Blood Pressure	130/90	Nails:	
Pulse	68/1	Lymph Node:	NP

Systems :

Cardiovascular:	S1, S2. (M)
Respiratory:	clear
Genitourinary:	
GI System:	7NAD
CNS:	

Impression:

Advice:

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

PERSONAL HISTORY:

1)	Alcohol	OCC.
2)	Smoking	OCC.
3)	Diet	Mixed
4)	Medication	NO

Date:- 8/8/25

CID: 384887573

Name: Subodh Kumar

Sex / Age: M - 47

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RE 6/9 LE 6/6 2NISE 12

Aided Vision: BE 6/6 2NISE 7

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Use own spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

Name : Mr. KUMAR SUBODH
Lab No. : 394387573
Ref By : SELF
Collected : 8/3/2025 8:01:00AM
A/c Status : P
Collected at : WALKIN - G B ROAD LAB, THANE WEST
Ground Floor, Shop No. 1, 2, 3, Pride Park, Near
R-Mall Opp. Lawkim Company, Ghodbunder
Road, Thane West, Maharashtra - 400607

Age : 47 Years
Gender : Male
Reported : 8/3/2025 5:42:47PM
Report Status : Final
Processed at : G B ROAD LAB, THANE WEST

**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	13.6	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.0	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	43.0	40.0 - 50.0 %	Calculated
MCV	85.7	81.0 - 101.0 fL	Measured
MCH	27.1	27.0 - 32.0 pg	Calculated
MCHC	31.6	31.5 - 34.5 g/dL	Calculated
RDW	13.4	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4990	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20.0 - 40.0 %	
Absolute Lymphocytes	1736.5	1000.0 - 3000.0 /cmm	Calculated
Monocytes	6.8	2.0 - 10.0 %	
Absolute Monocytes	339.3	200.0 - 1000.0 /cmm	Calculated
Neutrophils	55.3	40.0 - 80.0 %	
Absolute Neutrophils	2759.5	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	2.6	1.0 - 6.0 %	
Absolute Eosinophils	129.7	20.0 - 500.0 /cmm	Calculated
Basophils	0.5	0.1 - 2.0 %	
Absolute Basophils	25.0	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		



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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	152000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.2	6.0 - 11.0 fL	Measured
PDW	19.1	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others	Normocytic Normochromic
PLATELET MORPHOLOGY	Megaplatelet seen on smear
COMMENT	Result rechecked. Kindly correlate clinically.

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	29.00	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	104.03	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	173.62	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	16.28	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	7.60	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	1.05	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	88.18	(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	6.95	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.50	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.46	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.83	1.00 - 2.00	Calculated
URIC ACID, Serum	7.85	3.50 - 7.20 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.90	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.34	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	136.35	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.3	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	98.14	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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	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.



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MediWheel Full Body Health Checkup Male >40/2D ECH
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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MediWheel Full Body Health Checkup Male >40/2D ECH
Glucose & Ketones, Urine

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	



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MediWheel Full Body Health Checkup Male >40/2D ECH

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
CHOLESTEROL, Serum	169	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	143	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	44	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	125	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	96	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	29	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.



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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	4.89	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	13.73	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	3.25	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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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>
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(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



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LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.47	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	6.95	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.50	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.46	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.83	1.00 - 2.00	Calculated
SGOT (AST), Serum	21.47	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.79	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.89	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	114.56	40.00 - 130.00 U/L	Colorimetric



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**MediWheel Full Body Health Checkup Male >40/2D ECH
EXAMINATION OF FAECES**

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

EXAMINATION OF FAECES

.Sample Not Received

CHEMICAL EXAMINATION

MICROSCOPIC EXAMINATION



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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 : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin
NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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



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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	5-8	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	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	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	Absent	
Bacteria / hpf	1-2	0-20/hpf	
Yeast	Absent	Absent	
OTHERS	--		



Name : Mr. KUMAR SUBODH
 Lab No. : 394387573
 Ref By : SELF
 Collected : 8/3/2025 8:01:00AM
 A/c Status : P
 Collected at : WALKIN - G B ROAD LAB, THANE WEST
 Ground Floor, Shop No. 1, 2, 3, Pride Park, Near
 R-Mall Opp. Lawkim Company, Ghodbunder
 Road, Thane West, Maharashtra - 400607

Age : 47 Years
 Gender : Male
 Reported : 8/3/2025 5:42:47PM
 Report Status : Final
 Processed at : G B ROAD LAB, THANE WEST

URINE EXAMINATION REPORT

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

Dr. Vandana Kulkarni
 MD Pathology
 Consultant Pathologist





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 Lab No. : 394387573
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 Processed at : SDRL, VIDYAVIHAR

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.49	<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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**MediWheel Full Body Health Checkup Male >40/2D ECH
 PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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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

Dr Leena Salunkhe
 DPB
 HOD

Dr Namrata Rauf
 MD, Biochemistry
 Consultant Biochemist

Dr Vrushali Shroff
 MD Pathology
 Sr. Pathologist

-----End of report-----



IMPORTANT INSTRUCTIONS

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

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

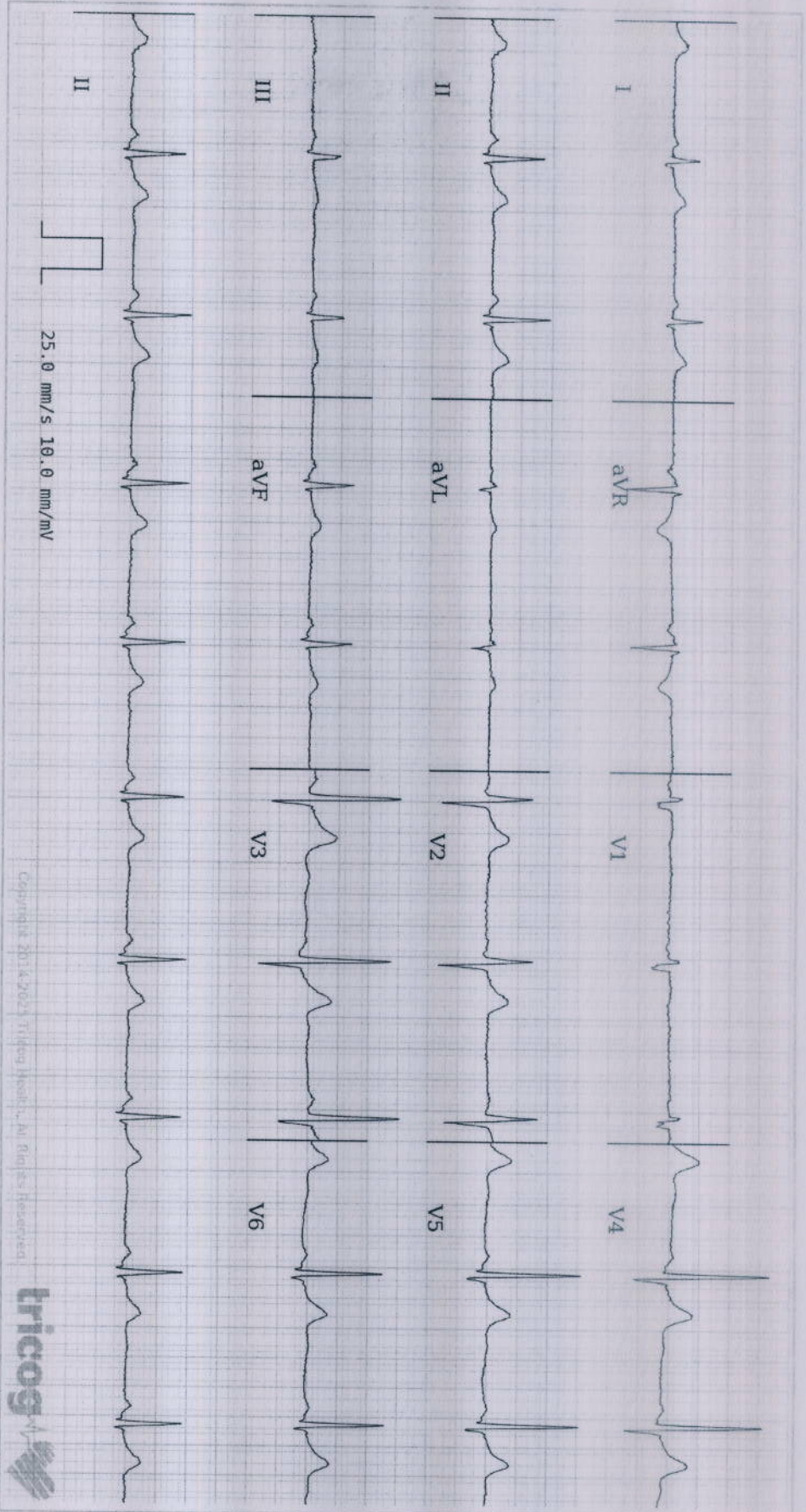
Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

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



Patient Name: KUMAR SUBODH
Patient ID: 394387573

Date and Time: 8th Mar 25 8:21 AM



Age 47 NA NA
years months days

Gender Male

Heart Rate 59bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 88ms
QT: 394ms
QTcB: 390ms
PR: 128ms
P-R-T: 50° 63° 53°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

CID : 394387573
Name : Mr. KUMAR SUBODH
Age / Sex : 47 Years/Male
Ref. Dr : self
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:35

X-RAY CHEST PA VIEW

There is evidence of minimally increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinical co-relation.

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



Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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

Lab. No. : 394387573	Sex : MALE
Name : MR . SUBODH KUMAR	Age : 47 YRS
Ref. By : -----	Date : 08.03.2025

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	48.4	mm
LVIDS	32.3	mm
LVEF	61	%
FS	31	%
IVS	10.4	mm
PW	10.4	mm

AORTIC VALVE :

LADd	22.3	mm
AODd	30.9	mm
ACS	13.8	mm

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
Regional wall motion abnormality : Absent.
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter - atrial and inter - ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradient across all the valves.
2. No shunt / coarctation.
3. No pulmonary hypertension.

IMPRESSION :

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF=61 %**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVES ARE NORMAL.**



DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)

Reg. No. : 394387573	Sex : MALE
Name : MR. SUBODH KUMAR	Age : 47 YRS
Ref. By : -----	Date : 08.03.2025

USG ABDOMEN AND PELVIS

LIVER: Liver appears mildly enlarged in size (17.3 cm) and shows increased echoreflectivity and obscuring the periportal echogenecity. 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. No evidence of pericholecystic fluid collection/fat strandings. No evidence of sludge.

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

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

KIDNEYS: Right kidney measures 9.1 x 4.0 cm. Left kidney measures 10.2 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size(11.3 cm), shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size, echotexture and 19 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Gaseous distention of bowel loops. Visualized bowel show normal forward peristaltic movements.

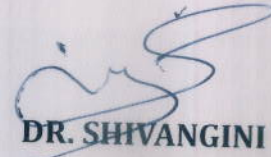
Reg. No. : 394387573	Sex : MALE
Name : MR. SUBODH KUMAR	Age : 47 YRS
Ref. By : -----	Date : 08.03.2025

IMPRESSION:

- **MILD HEPATOMEGALY WITH GRADE II FATTY INFILTRATION OF LIVER.**

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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further imaging evaluation if indicated.



DR. SHIVANGINI V. INGOLE
M.B.B.S., DMRE
(CONSULTANT RADIOLOGIST)
REG NO. 2018/12/6130