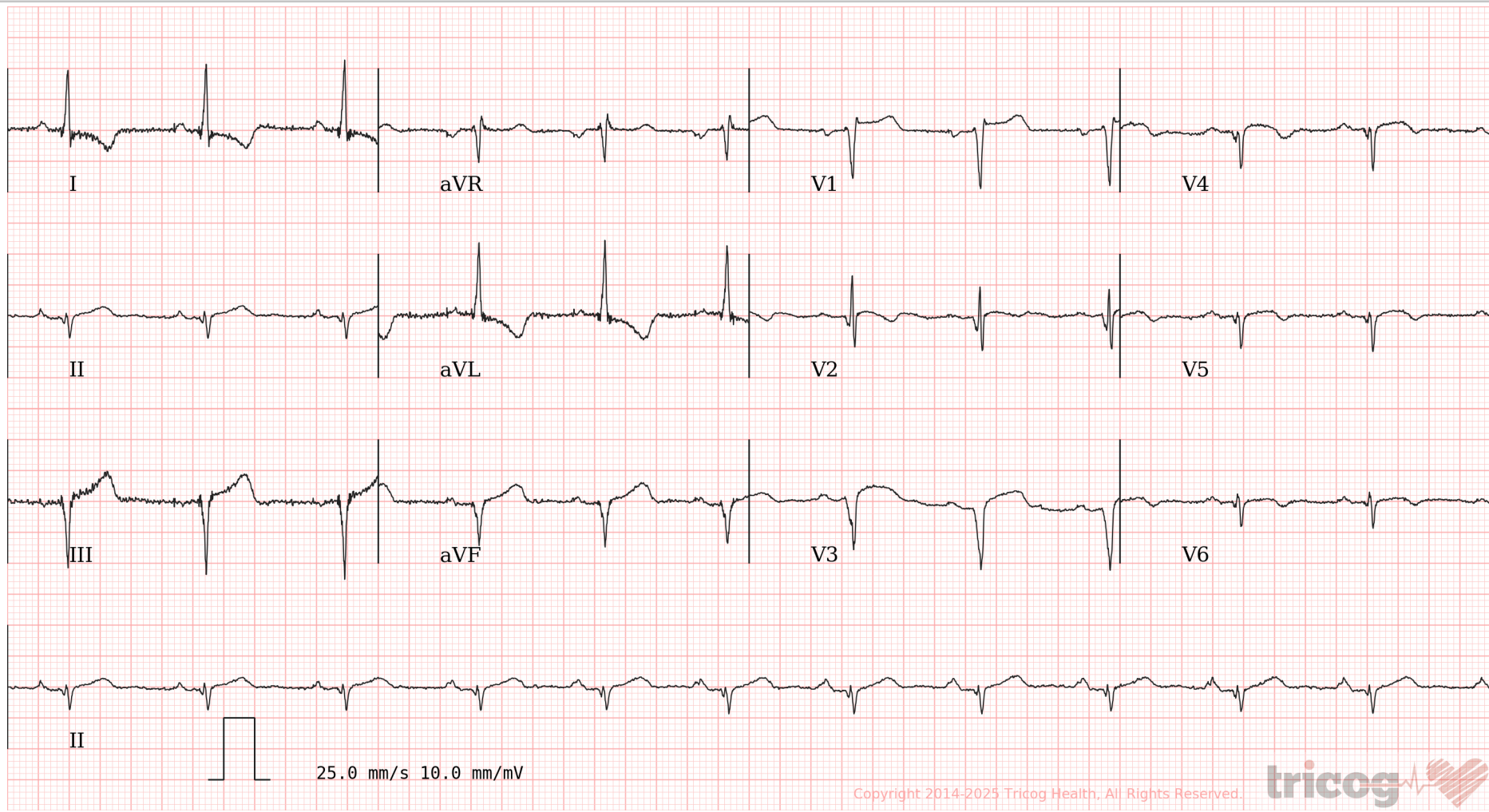


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: RAKESH HARESH CHATRE
Patient ID: 393866609

Date and Time: 8th Mar 25 10:47 AM



Age **49** NA **25**
years months days

Gender **Male**

Heart Rate **71bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 390ms
QTcB: 423ms
PR: 182ms
P-R-T: 47° -43° 122°

Low Voltage Complexes Sinus Rhythm Anterolateral Infarct, probably evolved , T wave inversions noted in leads 1 and aVL, ST changes noted in inferior leads Adv Cardiology Opinion. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

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.



भारत सरकार
GOVERNMENT OF INDIA



राकेश हरेश छत्रे
Rakesh Haresh Chatre
जन्म तारीख / DOB: 14/02/1976
पुरुष / MALE
Mobile No.: 9867120537

3956 5835 5105
VID : 9197 2782 0891 4853

माझे आधार, माझी ओळख

Suburban Diagnostics (P) Pvt Ltd. 9867120537
1st Flr. Above HDFC Bank,
Opp. Kalina, CST Road,
Santacruz (E), Mumbai - 400055.
Tel. No. 022-61700000

PHYSICAL EXAMINATION FORM

Patient Name: Rakesh Chatterjee CID: 393866609 Sex/Age: M/49

Date: 8/31/2025

History and Complaints:

Hypertension 5yrs
Diabetes 1yrs. paralysis thrice
Cholesterol 5yrs.

EXAMINATION FINDINGS:

Height: 171

Temp:

Weight: 104

Skin:

Blood Pressure: 140/80

Nails: NAD

Pulse:

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: F/PP 1SD/III HbA1c 6.9.
eGFR 82 Alk Phos 136.
Urine ⊕ Prot ++, Glucose ++ 18.3/HPE RBCs 6-4.
USG: Hepatomegaly ± grade I fatty liver.

ADVICE: Refer to Nephrologist for better control of Hypertension, Diabetes, heart disease & Cholesterol.

CHIEF COMPLAINTS:

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

Angiography → Plasty 1yr ago.
ACL Rt knee accident twice.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

1512
Mixed.

Eosmin 75
Rozavel 20
Clopi vas 75

Flavedon MR 35mg
Upise D3 60k.

Homo ck Cap.

Praxopress xl 5mg

Elmezest

Stambo 10mg.

Razocid 40

Max mala NP (Mega bala, Nortriptyline,
Methy wbalanine)

D. G. Hatakarn

Dr. D.G. HATAKARN
R.No. 61067 M.D. (Ob.Gy)

Date: 8/3/25

CID: 393866609

Name: Mr. Rakesh Chatre

Sex / Age: M / 49

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

N-12

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N-12				N-12

Colour Vision: Normal / Abnormal

Remark: Normal study

Dr. D.G. HATALKAR

51067 M.D. (Ob.Gy)

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 12:28

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.

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



Dr R K Bhandari

M D , DMRE

MMC REG NO. 34078

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 14:34

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (17.4 cm), with normal 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 physiologically 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 11.4 x 5.8 cm. Left kidney measures 11.5 x 5.7 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.

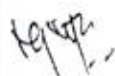
PROSTATE:

The prostate is normal in size 2.8 x 2.7 x 2.4 and volume is 10 cc.

IMPRESSION:

Hepatomegaly with grade-I fatty liver.
No other significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 17:25

2D-ECHOCARDIOGRAPHY REPORT

Mild LV systolic dysfunction. LVEF = 40-45 %.
Distal septal, Apical, Akinetic
Good RV function.

Structurally Normal MV / AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA / LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION: -IHD

MILD LV SYSTOLIC DYSFUNCTION, LVEF= 40-45 %
RWMA, NO VALVULAR PATHOLOGY.
NO PAH, TYPE 1 LVDD.
IVC NORMAL

CID : 393866609
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LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	8	mm	Mitral Valve E velocity	0.5	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.75	cm/s
LVPWd	11	mm	E/A Ratio	<1	-
IVSs	17	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	14	-
LA /AO	N	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	30	mm	PVmax	--	cm/s
RV [RVID]	28	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

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

D. Rohira



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 101, 1st Floor, Harbhajan Building, CST Road,
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 Kalina, Opp. Petrol Pump, Santacruz East,
 Mumbai, Maharashtra - 400009

Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:57:51PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

**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	15.3	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.5	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	45.1	40.0 - 50.0 %	Calculated
MCV	81.9	81.0 - 101.0 fL	Measured
MCH	27.8	27.0 - 32.0 pg	Calculated
MCHC	34.0	31.5 - 34.5 g/dL	Calculated
RDW	13.6	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8050	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.8	20.0 - 40.0 %	
Absolute Lymphocytes	2157.4	1000.0 - 3000.0 /cmm	Calculated
Monocytes	8.3	2.0 - 10.0 %	
Absolute Monocytes	668.2	200.0 - 1000.0 /cmm	Calculated
Neutrophils	60.3	40.0 - 80.0 %	
Absolute Neutrophils	4854.2	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.9	1.0 - 6.0 %	
Absolute Eosinophils	314.0	20.0 - 500.0 /cmm	Calculated
Basophils	0.7	0.1 - 2.0 %	
Absolute Basophils	56.4	20.0 - 100.0 /cmm	Calculated





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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>PLATELET PARAMETERS</u>			
Platelet Count	311000	150000 - 410000 /cmm	Elect. Impedance
MPV	8.3	6.0 - 11.0 fL	Measured
PDW	15.1	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	--		
Microcytosis	--		
Macrocytosis	--		
Anisocytosis	--		
Poikilocytosis	--		
Polychromasia	--		
Target Cells	--		
Basophilic Stippling	--		
Normoblasts	--		
Others	Normocytic Normochromic		
WBC MORPHOLOGY	--		
PLATELET MORPHOLOGY	--		
COMMENT	--		

Specimen: EDTA whole blood





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Reported : 8/3/2025 6:58:09PM
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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	3.00	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- Sick 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
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.41	<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.





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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>
------------------	----------------	-----------------------------	---------------

- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

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

Reference:

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





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Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:58:23PM
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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) PP, Fluoride Plasma PP	149.60	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	110.50	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





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Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:58:33PM
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MediWheel Full Body Health Checkup Male >40/2D ECH
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	29.30	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	13.68	9.00 - 23.00 mg/dL	Urease with GLDH
CREATININE, Serum	1.10	0.73 - 1.18 mg/dL	Enzymatic
eGFR, Serum	82.26	(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
URIC ACID, Serum	4.10	3.70 - 9.20 mg/dL	Uricase/Peroxidase
PHOSPHORUS, Serum	3.60	2.40 - 5.10 mg/dL	Phosphomolybdate
CALCIUM, Serum	10.30	8.70 - 10.40 mg/dL	Arsenazo
SODIUM, Serum	142.00	136.00 - 145.00 mmol/L	IMT
POTASSIUM, Serum	4.6	3.50 - 5.10 mmol/L	IMT
CHLORIDE Serum	104.00	98.00 - 107.00 mmol/L	IMT

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	6.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	151.3	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

KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
TOTAL PROTEINS, Serum	7.40	5.70 - 8.20 g/dL	Biuret
Albumin Serum	5.00	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.40	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.08	1.00 - 2.00	Calculated





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Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:58:47PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

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	0.59	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.25	0.00 - 0.30 mg/dL	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.20 mg/dL	Calculated
SGOT (AST), Serum	23.30	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	26.10	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	40.20	<73.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	136.00	46.00 - 116.00 U/L	Modified IFCC



Name : RAKESH HARESH CHATRE
Lab No. : 393866609
Ref By : SELF
Collected : 08/03/2025 09:11:00AM
A/c Status : P
Collected at : WALKIN - KALINA, SANTACRUZ EAST (MAIN CENTRE)
 101, 1st Floor, Harbhajan Building, CST Road,
 Kalina Above HDFC Bank, Above Indusind Bank,
 Kalina, Opp. Petrol Pump, Santacruz East,
 Mumbai, Maharashtra - 400009

Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:58:47PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

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

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	97	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	68	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL Serum	31	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	66	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	52	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	14	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	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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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	4.90	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	19.10	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	1.28	0.55 - 4.78 microIU/ml	CLIA

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



Name :	RAKESH HARESH CHATRE	Age :	49 Years
Lab No. :	393866609	Gender :	Male
Ref By :	SELF	Reported :	8/3/2025 6:58:47PM
Collected :	08/03/2025 09:11:00AM	Report Status :	Interim
A/c Status :	P	Processed at :	SDRL, VIDYAVIHAR
Collected at :	WALKIN - KALINA, SANTACRUZ EAST (MAIN CENTRE) 101, 1st Floor, Harbhajan Building, CST Road, Kalina Above HDFC Bank, Above Indusind Bank, Kalina, Opp. Petrol Pump, Santacruz East, Mumbai, Maharashtra - 400009		

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>
-------------------------	-----------------------	-------------------------------------	----------------------

minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

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

Limitations:

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

Reference:

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



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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>
TOTAL PROTEINS, Serum	7.40	5.70 - 8.20 g/dL	Biuret
Albumin Serum	5.00	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.40	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.08	1.00 - 2.00	Calculated





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Lab No. : 393866609
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Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:59:08PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

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.

Refernces:

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





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Age : 49 Years
Gender : Male
Reported : 8/3/2025 6:59:20PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

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	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.026	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Present ++ (100mg/dl)	Absent	Protein error principle
Glucose	Present ++ (150mg/dl)	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present +	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	18.3	0-5/hpf	
Red Blood Cells / hpf	6.4	0-2/hpf	
Epithelial Cells / hpf	0.7	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.1	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	37.50	0-29.5/hpf	
Yeast	Absent	Absent	
OTHERS	--		

Note: Microscopic examination is performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in





भारत सरकार
GOVERNMENT OF INDIA



राकेश हरेश छत्रे
Rakesh Haresh Chatre
जन्म तारीख / DOB: 14/02/1976
पुरुष / MALE
Mobile No.: 9867120537

3956 5835 5105
VID : 9197 2782 0891 4853

माझे आधार, माझी ओळख

Handwritten signature

Suburban Diagnostics (P) Pvt Ltd. 9867120537
1st Flr. Above HDFC Bank,
Opp. Kalina, CST Road,
Santacruz (E), Mumbai - 400055.
Tel. No. 022-61700000

PHYSICAL EXAMINATION FORM

Patient Name: Rakesh Chatterjee CID: 393866609 Sex/Age: M/49

Date: 8/31/2025

History and Complaints:

Hypertension 5yrs
Diabetes 1yrs. paralysis thrice
Cholesterol 5yrs.

EXAMINATION FINDINGS:

Height: 171

Temp:

Weight: 104

Skin:

Blood Pressure: 140/80

Nails: NAD

Pulse:

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: F/PP 1SD/III HbA1c 6.9.
eGFR 82 Alk Phos 136.
Urine ⊕ Prot ++, Glucose ++ 18.3/HPE RBCs 6-4.
USG: Hepatomegaly ± grade I fatty liver.

ADVICE: Refer to Nephrologist for better control of Hypertension, Diabetes, heart disease & Cholesterol.

CHIEF COMPLAINTS:

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

Angiography → Plasty 1yr ago.
ACL Rt knee accident twice.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

1512
Mixed.

Eosmin 75
Rozavel 20
Clopi vas 75

Flavedon MR 35mg
Upise D3 60k.

Homo ck Cap.

Praxopress xl 5mg

Elmezest

Stambo 10mg.

Razocid 40

Max mala NP (Mega bala, Nortriptyline,
Methy wbalanine)

D. G. Hatakarn

Dr. D.G. HATAKAR
R.No. 61067 M.D. (Ob.Gy)

Date: 8/3/25

CID: 393866609

Name: Mr. Rakesh Chatre

Sex / Age: M / 49

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

N-12

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N-12				N-12

Colour Vision: Normal / Abnormal

Remark: Normal study

Dr. D.G. HATALKAR

51067 M.D. (Ob.Gy)

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 12:28

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.

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



Dr R K Bhandari

M D , DMRE

MMC REG NO. 34078

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 14:34

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (17.4 cm), with normal 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 physiologically 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 11.4 x 5.8 cm. Left kidney measures 11.5 x 5.7 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.

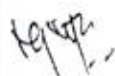
PROSTATE:

The prostate is normal in size 2.8 x 2.7 x 2.4 and volume is 10 cc.

IMPRESSION:

Hepatomegaly with grade-I fatty liver.
No other significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 17:25

2D-ECHOCARDIOGRAPHY REPORT

Mild LV systolic dysfunction. LVEF = 40-45 %.
Distal septal, Apical, Akinetic
Good RV function.

Structurally Normal MV / AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION: -IHD

MILD LV SYSTOLIC DYSFUNCTION, LVEF= 40-45 %
RWMA, NO VALVULAR PATHOLOGY.
NO PAH, TYPE 1 LVDD.
IVC NORMAL

CID : 393866609
 Name : Mr. RAKESH HARESH CHATRE
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LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	8	mm	Mitral Valve E velocity	0.5	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.75	cm/s
LVPWd	11	mm	E/A Ratio	<1	-
IVSs	17	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	14	-
LA /AO	N	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	30	mm	PVmax	--	cm/s
RV [RVID]	28	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

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

D. Rohira



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जन्म तारीख / DOB: 14/02/1976
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Cholesterol 5yrs.

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Weight: 104

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Nails: NAD

Pulse:

Lymph Node:

Systems

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Respiratory:

Genitourinary:

GI System:

CNS:

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Urine @ Prot ++, Glucose ++ 18.3/HPE RBCs 6-4.
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R.No. 61067 M.D. (Ob.Gy)

Date: 8/3/25

CID: 393866609

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Sex / Age: M / 49

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Systemic Diseases:

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Past history:

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Aided Vision:

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(Right Eye)

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Distance				6/6				6/6
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Colour Vision: Normal / Abnormal

Remark: Normal study

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IMPRESSION:

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



Dr R K Bhandari

M D , DMRE

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Name : Mr. RAKESH HARESH CHATRE
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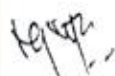
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REG NO . 2018/12/6157

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Distal septal, Apical, Akinetic
Good RV function.

Structurally Normal MV / AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION: -IHD

MILD LV SYSTOLIC DYSFUNCTION, LVEF= 40-45 %
RWMA, NO VALVULAR PATHOLOGY.
NO PAH, TYPE 1 LVDD.
IVC NORMAL

CID : 393866609
 Name : Mr. RAKESH HARESH CHATRE
 Age / Sex : 49 Years/Male
 Ref. Dr : self
 Reg. Location : Kalina, Santacruz East Main Centre
 Reg. Date : 08-Mar-2025
 Reported : 08-Mar-2025 / 17:25

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	8	mm	Mitral Valve E velocity	0.5	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.75	cm/s
LVPWd	11	mm	E/A Ratio	<1	-
IVSs	17	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	14	-
LA /AO	N	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	30	mm	PVmax	--	cm/s
RV [RVID]	28	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

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

D. Rohira



भारत सरकार
GOVERNMENT OF INDIA



राकेश हरेश छत्रे
Rakesh Haresh Chatre
जन्म तारीख / DOB: 14/02/1976
पुरुष / MALE
Mobile No.: 9867120537

3956 5835 5105
VID : 9197 2782 0891 4853

माझे आधार, माझी ओळख

Handwritten signature

Suburban Diagnostics (P) Pvt Ltd. 9867120537
1st Flr. Above HDFC Bank,
Opp. Kalina, CST Road,
Santacruz (E), Mumbai - 400072.
Tel. No. 022-61700000

PHYSICAL EXAMINATION FORM

Patient Name: Rakesh Chatterjee CID: 393866609 Sex/Age: M/49

Date: 8/31/2025

History and Complaints:

Hypertension 5yrs
Diabetes 1yrs. paralysis thrice
Cholesterol 5yrs.

EXAMINATION FINDINGS:

Height: 171

Temp:

Weight: 104

Skin:

Blood Pressure: 140/80

Nails: NAD

Pulse:

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: F/PP 1SD/III HbA1c 6.9.
eGFR 82 Alk Phos 136.
Urine @ Prot ++, Glucose ++ 18.3/HPE RBCs 6-4.
USG: Hepatomegaly ± grade I fatty liver.

ADVICE: Refer to Nephrologist for better control of Hypertension, Diabetes, heart disease & Cholesterol.

CHIEF COMPLAINTS:

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

Angiography → Plasty 1yr ago.
ACL Rt knee accident twice.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

1512
Mixed.

Eosmin 75
Rozavel 20
Clopi vas 75

Flavedon MR 35mg
Upise D3 60k.

Homo ck Cap.

Prasopress xl 5mg

Elmezest

Stambo 10mg.

Razocid 40

Max mala NP (Mega bala, Nortriptyline,
Methy wbalanine)

D. G. Hatakarn

Dr. D.G. HATAKAR
R.No. 61067 M.D. (Ob.Gy)

Date: 8/3/25

CID: 393866609

Name: Mr. Rakesh Chatre

Sex / Age: M / 49

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

N-12

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N-12				N-12

Colour Vision: Normal / Abnormal

Remark: Normal study

Dr. D.G. HATALKAR

51067 M.D. (Ob.Gy)

CID : 393866609
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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.

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



Dr R K Bhandari

M D , DMRE

MMC REG NO. 34078

CID : 393866609
Name : Mr. RAKESH HARESH CHATRE
Age / Sex : 49 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
Reported : 08-Mar-2025 / 14:34

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (17.4 cm), with normal 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 physiologically 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 11.4 x 5.8 cm. Left kidney measures 11.5 x 5.7 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.

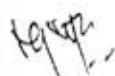
PROSTATE:

The prostate is normal in size 2.8 x 2.7 x 2.4 and volume is 10 cc.

IMPRESSION:

Hepatomegaly with grade-I fatty liver.
No other significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157

CID : 393866609
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Age / Sex : 49 Years/Male
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Reg. Date : 08-Mar-2025
Reg. Location : Kalina, Santacruz East Main Centre
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2D-ECHOCARDIOGRAPHY REPORT

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D. Rohira